## LIMITED LIABILITY COMPANY

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	<u> JNIFORM BUSIN</u>	ESS REP	ORT (UE	3R)	SECRETAR	ORPORATION			
DOCUMENT # L01000018204 51					VISION OF CORPORATIONS				
2359	PONTE VEDRA BOULEVA	RD, LLC			OS LINI				
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Principal Place of Business     3. Mailing Address				t. B	1				
	ea Hammock Way	116 Šea H	116 Sea Hammock Way					,	
Suite, Apt. #, etc. Suite, Apt. #, etc.			tc.			DO NOT WRITE IN THIS SPACE			
City & State Ponte Vedra Beach, FL		City & State Ponte Vedra Beach, FL			4. FEI Numbe	г	···	Applied For Not Applicable	
Zip Country 32082		<sup>Zip</sup> 32082	Countr	Country		of Status Desired		\$5.00 Additional	
					7. Name and A	ddress of Current I	Registered	Agent	
DO NOT WRITE IN THIS SPACE				Name Brant, Abraham, Reiter & McCormick Street Address (P.O. Box Number is Not Acceptable) 50 N. Laura Street, Suite 2750					
				City Jackson	 ville	<del>.</del> .	FL	Zig Code 32202	
8. The above	enamed entity submits this statement f	mics:	nging its registered	office or register	red agent, or both	ı, in the State of Flor	ida. 1231	07-	
<del>-</del>	Signature, typed or printed name of registered agen	it and little if applicable.					DATE		
	·		FEE IS \$ eck Payable to DUE BY M	Department o	f State				
TITLE MGRM	MANAGING MEMB	ERS/MANAGERS	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	A CONTRACTOR	. The Constant	Mary San Company	ds Seen of S	្រាស់ ព្រះប្រជាព្ធម្នាក់	
NAME STREET ADDRESS CITY-ST-ZIP	Barbara H. Cesery   116 Sea Hammock Wa	ıy	NAME STREET	ADDRESS					
TITLE	Ponte Vedra Beach,	, FL 32082	CHY-SI	ZIP L					
NAME STREET ASSOCIOE			NAME		dirid.				
STREET ADDRESS CITY+ST-ZIP			[A.A.] (L. 1.2)	ADORESS:		DOOOS	431	3452	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY ST ZIP

TED NAME OF SIGNING MANAGING MEMBER, MANAGEN OR AUTHORIZED REPRESENTATIVE

Daytime Phone #