2003 LIMITED LIABILITY COMPANY

FILED Feb 12, 2003 8:00 am Secretary of State

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DOCUMENT # L02000018782						$\overline{\ \ }$	02-12-2	003 90001	040 *	***50.00	1
THE MOS	STOLLER (GROUP REALTY, LLC				7					
Principal Plac	ce of Busines	s	Mailing Address			7					
8532 BELLE MEADOW BLVD. PENSACOLA FL			8532 BELLE MEADOW BLVD. PENSACOLA FL			1 188	iant del mario Mèri Cèrit Corti	earn earl ruber	Rair and Maria		
2. Principal Place of Business 20/£. Government st			3. Mailing Address 201 E. Government St								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State PENSONE PL			City & State Persocous, RL			4. FEI Nun 75-	3075190	• '		oplied For of Applicable	
Zip 32501 Country		Country	Zip Count			1	ate of Status Desired	□ \$5	.00 Ada	ditional	7
	6. Name	and Address of Current Rec					nd Address of New Re		nt		<u> </u>
DAV.	CD-61E/E	N-1			Name	ER, ST	eved Ti				- e p
BAKER, STEVEN J 8532 BELLE MEADOW BLVD. PENSACOLA FL					Street Address	(P.O. Box Num	ber is Not Acceptable				
<u> </u>					City	··			Zin Cod		-
ing the groups.			City Pers.			ACOLA	-	FL	Zip Cod	OL.	╛
8. The above	named entity tions of regis	y submits this statement for the	e purpose of changing its	registere	d office or registe	ered agent, or t	ooth, in the State of Flor	ida. I am fam	iliar with,	and accept	1
		4010	L_					1/1/16	3		
SIGNATURE .	Signature, typed	or printed name of registered agent and to	tie if applicable. (NOTE	Registered	Agent signature require	d when reinstating)		DATE			_}.
is.			FILE NO	W!!! F	EE IS \$50.00			-			7
			Make Check Payable to Florida Departmen			ent of State	İ				
* 7발 - 서			Due By May 1, 2003								1
9.		MANAGING MEMBERS				ADDITIONS/]	
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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 eath; 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

850432772) Daytime Phone #