:UMENT # L98000000017

: Name
ILL HOLDINGS, L.C.

FILED
00 MAY -1 AM 8:5
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

al Place of Business
OTON WAY
PALM BEACH FL 33401

Mailing Address
321 CROTON WAY
WEST PALM BEACH FL 33401-7309

cipal Place of Business

3. Mailing Address

Apt. #, etc.

Suite, Apt. #, etc.

State

City & State

4. FEI Number 65-0799589

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

Country

Zip

Country

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

, PHIL D JR
WAY
BEACH FL 33401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

600003256476--1
-05/18/00--01007--020
*****50.00 *****50.00

MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
MGR O'CONNELL, PHIL D JR 321 CROTON WAY WEST PALM BEACH FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
MGR O'CONNELL, LINDA L 321 CROTON WAY WEST PALM BEACH FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

URE: [signature] 4-27-00 (561) 832-5900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #