200(UNI	FORM E	SUSINE	SS REPO	HT S	(UBI	KJ	1					
DOCUMENT # L9900009160 1. Entity Name EAST LAKE, LLC								FILED SECRETARY OF STATE DIVISION OF CORPORATIONS					
באטו בא	inc, ac												
Principal Plac					U	0 OCT -	y am	II: 02					
8509 SUNSTATE STREET TAMPA FL 33634				8509 SUNSTATE STREET TAMPA FL 33634								nf	
O. Dringing Diago of Dugin				2 Mailing Address									
2. Principal Place of Business				3. Mailing Address				1 150000 010 1010 1011 0011 0011 0011 0					
Suite, Apt. #; etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State				City & State				4. FEI Number Applied For Not Applicable					
Zip	Country		Zij	Zip		Country		-5. Certificate of Status Desired □			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent						Name	7. Name and Address of New Registered Agent Name						
HOLCOMB, VICTOR W ESQ 415 SOUTH HYDE PARK AVENUE TAMPA FL 33606							Street Address (P.O. Box Number is Not Acceptable)						
						City					FI	Zip Cod	ө
8. The above	e named entit	y submits this sta	tement for the pur	rpose of changing its	registere	ed office o	r register	ed agent, o	or both, in th	ne State of Flo	orida.		
SIGNATURE	Signature, typed	or printed name of regis	tered agent and title if a	pplicable. (NOT	E: Registere	d Agent signat	ture required	when reinstati	ng)		DATE		
			×		OW.!!!_E	EE IS S	50.00						
-				Make Check Pa	yable to	Depart	ment of	State					
9.		MANAGING	MEMBERS/MAI		10.	<u> </u>	· - · · ·			ADDITIONS	/CHANGE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UNIL		SW	☐ Delete			8509	SUN	LOWE TATE 336	MGR. STREET 2L	M	☐ Change	Addition
TITLE			-	☐ Delete	TITLE		17 (7-17	77,1	به در	2_1		Change	Addition
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	certify that the on this repor	e information supp	olied with this filin	g does not qualify fo signature shall have ered to eye the this			ted in Se ct as if m	ction 119.0	7(3)(i), Flor	ida Statutes. I am a manac	I further co	ertify that the i	nformation er of the
limited lia	ability compar	ny or the received	er trustee empe	ered to execute this	report as	required (by Chapte	er 608, Flo	rida Statute	s. /			

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE: