Daytime Phone #

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

**SIGNATURE:** 

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Entity Name	# IVI99	000001704		o AM 0: 29
IZZUTI LAND CC	OMPANY LLC	, <b>'</b>	·: ^ 2	00 JUN -2 AM 9: 29
			ت	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Incipal Place of Busines	ss	Mailing Address		TALLAHASSEE, F. COMD.
EAST BROAD STREET		250 EAST BROAD STRE	ET	
e 1900 Dlumbus oh 43215		STE 1900 COLUMBUS OH 43215-3	770	( ) ***   ***   ***   ***   ***   ***   ***   ***   ***   ***   ***   ***   ***   ***   ***   ***   ***   ***
Principal Place of Busi	iness	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State	·	4. FEI Number 31-1474478 Applied For
Zip	Country	Zip	Country	31-1418 APPLIED FOR Not Applicate  5. Catilificate of Status Project
				Fee Required
6.: Nam	e and Address of Curr	ent Registered Agent	Name	7. Name and Address of New Registered Agent
SIMBACK, KENNETH P		Street A	Address (P.O. Box Number is Not Acceptable)	
	e avenue, ste 135	50		
ORLANDO FL 32809	,		City	Zip Code
GNATURE	ity submits this statemen	gent and title if applicable. (NC		r registered agent, or both, in the State of Florida.  ture required when reinstating)  DATE
GNATURE		gent and title if applicable. (NC	TE: Registered Agent signa	ture required when reinstating)  DATE  S50.00  Itement of State
GNATURE Signature, types	d or printed name of registered a	gent and title if applicable. (NO FILE N Make Check P	OTE: Registered Agent signal OW!!! FEE IS Sayable to Depart	r registered agent, or both, in the State of Florida.  ture required when reinstating)  DATE  S50.00  Iment of State  ADDITIONS/CHANGES
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