CR2E083 (11/00)

Principal Place of Business Mailing Address	FIRED COS N 13 MINO 56 ARY OF STATE
Principal Place of Business Mailing Address 1401 LANDS END 1401 LANDS END SECRET	N 13-41110-56
Principal Place of Business Mailing Address 1401 LANDS END 1401 LANDS END SECRET	N 13-41110-56
	ANT OF STATE
2. Principal Place of Business 3. Mailing Address	811911 ELE EBIH GENN GENE GONE BENN SJIGT STEES HAN GENE DIEN DIEN ENER 1991
Suite, Apt. #, etc. Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State City & State 4. FFI Nym	PLUED FOR Applied For Not Applicable
Zip Country Zip Country 5. Certifica	ate of Status Desired
6. Name and Address of Current Registered Agent 7. Name at Name	nd Address of New Registered Agent
FRANKLIN, ELLIOTT 5315 LAKE WORTH ROAD LAKE WORTH FL 33463  Street Address (P.O. Box Num	iber is Not Acceptable)
City	FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or b  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	poth, in the State of Florida.  DATE
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State	i.
9. MANAGING MEMBERS/MEMBERS 10.	ADDITIONS/CHANGES
TITLE ABBENANTE, RAFAELLE 1401 LANDS END STREET ADDRESS MANALAPAN FL 33462 TITLE NAME  CITY-ST-ZIP  MGR  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition
TITLE Delete TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Change Addition  300004422793——9 -06/15/0101073—019 ******50.00 ******50.00
NAME STREET ADDRESS CITY-ST-ZIP  Detele	
TITLE Delete TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Change ☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY_SIP  11.   hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)	☐ Change ☐ Addition

1. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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.

SIGNATURE:

D OPPRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

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