I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTINE E PINTO

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

Current Principal Place of Business:

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

16381 HOLLOW TREE LANE WELLINGTON. FL 33470

Current Mailing Address:

1880 N CONGRESS AVENUE 215 BOYNTON BEACH. FL 33426 US

FEI Number: 27-0807422

Name and Address of Current Registered Agent:

PORGES, DONALD K 1880 N CONGRESS AVE 215 BOYNTON BEACH, FL 33426 US

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

SIGNATURE:

Α

Title	MGRM	Title	MGRM
Name	PINTO, CHRISTINE E	Name	EROL, PINTO
Address	16381 HOLLOW TREE LANE	Address	16381 HOLLOW TREE LANE
City-State-Zip:	WELLINGTON FL 33470	City-State-Zip:	WELLINGTON FL 33470

Electronic Signature of Registered Agent						
uthorized Person(s) Detail :						
tle	MGRM	Title	MGRM			
0m0		Namo				

le	MGRM	Title	MGRM
ime	PINTO, CHRISTINE E	Name	EROL, PINTO
dress	16381 HOLLOW TREE LANE	Address	16381 HOLLOW TREE LANE
y-State-Zip:	WELLINGTON FL 33470	City-State-Zip:	WELLINGTON FL 33470

Certificate of Status Desired: No

01/03/2013 Date

Date