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| 222 SHADOW WAY MIAMI SPRINGS FL 33166 63 11. Pursuant to the provisions of Sections 607.0002 and 607.1508. Fondal Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. Law engineering with a cost in a constraint is a data with a statutes. The above named corporation submits this statement for the purpose of changing its registered agent. Law engineering with a cost in a constraint is a data with a statutes. The above named corporation is board of directors. I hardby accept the couplement is registered agent. Law engineering with a cost in a constraint is a data with a restate. 12. OFICE RS ANU DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 Mark 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 22 Statutes. 14. PD AREA, RUDOLFO F. 272 SHADOW WAY 13 STREELADRESS 001 Statutes. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 24 Mark 14. STD 001 OF Statutes. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 24 Mark 15. Statutes. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 25 Statutes. 16. Statutes. 13 STREELADRESS 272 SHADOW WAY 272 SHADOW WAY 272 SHADOW WAY 272 SHADOW WAY 272 SHADOW WAY 272 SHADOW WAY 272 SHADOW WAY 273 STREELADRESS 272 SHADOW WAY 273 STREELADRESS 274 SHADOW WAY 274 SHADOW WAY 275 SHADO | | | | fress (P.O. Box Number is Not Acceptal | hle) |
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| III.E DELETE 5 1 TILE Change Addition NAME 52 NAME 53 STREET ADDRESS 53 STREET ADDRESS CITY_ST-ZIP 54 CITY_ST-ZIP 54 CITY_ST-ZIP TILE DELETE 6 1 TILE Change Addition NAME 53 STREET ADDRESS 54 CITY_ST-ZIP Change Addition NAME DELETE 6 1 TILE Change Addition NAME 63 STREET ADDRESS 63 STREET ADDRESS Change Addition SHEFT ADDRESS 63 STREET ADDRESS 64 CITY_ST-ZIP Change Addition 14. Lob hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same local effort es if model is fort estimation annual report is true and escurate and that my signature shall have the same local effort estimation ender escurate and that my signature shall have the same local effort estimation ender escurate and that my signature shall have the same local effort estimation ender estimation ender estimation estimation ender estimation estimation estimates and that my signature shall have the same local effort estimation ender estimation estimates and thave estimate estimates and have estimate estin e | 11. Pursuant to the provisions of Sections 607, or registered agent, or both, in the State of familiar with, and accept the obligations of, SIGNATURE | Section 607.0505, Florida Statutes. | IS, the above-named corporation's board by the corporation's board agent signature require 13. | ed when reinstating; | |
| NAME 5 2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY ST-ZP 54 CITY-ST-ZIP TPLE 0 ELEFTE 6 1 TITLE 6 1 TITLE STREET ADDRESS Change Addition NAME STREET ADDRESS CITY ST-ZIP DELEFTE 6 1 TITLE 6 2 NAME STREET ADDRESS CITY-ST-ZIP 6 3 STREET ADDRESS CITY-ST-ZIP 6 4 CITY-ST-ZIP 14. Lob hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same local effort es if model under | 11. Pursuant to the provisions of Sections 607, or registered agent, or both, in the State of familiar with, and accept the obligations of, SIGNATURE SIGNATURE Signature, based or printed name of registered agent, or both, in the State of familiar with, and accept the obligations of, SIGNATURE Signature, based or printed name of registered agent, or both, in the State of familiar with, and accept the obligations of, SIGNATURE Signature, based or printed name of registered agent, and accept the obligations of, state of registered agent, and accept the obligations of, 12. OFFICERS MM AREA, RODOLFO SIME FACIORESS 272 SHADOW WAY Diff. STD AAREA, RUDOLFO F. 272 SHADOW WAY MIAMI SPRINGS FL D DIV SI ZIP MIAMI SPRINGS FL DIV SI ZIP DIXON,MONROE SIRE FLADDRESS 5880 BIRD RD DIY SI ZIP MIAMI FL DIXON,MONROE 5880 BIRD RD DIY SI ZIP MIAMI FL II, F AMA STRE FLADDRESS STRE AGORESS | Section 607.0505, Florida Statutes. | IS, the above-named corporation's board by the corporation's board agent signature requires 13. | ed when reinstating; | |
| STREET ADDRESS 5.3 STREET ADDRESS CLT: S7-7P 54 CITY-S1-2IP Th'LE DELETE 0 DELETE 6.1 Th'LE 6.2 NAME STREET ADDRESS CITY-S1-2IP 14. Lob hereby certify that the information supplied with this filing is voluntarity furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is rule and securities and that my signature shall have the same local effort es if model under | 11. Pursuant to the provisions of Sections 607, or registered agent, or both, in the State of familiar with, and accept the obligations of, SIGNATURE | Section 607.0505, Florida Statutes. | IS, the above-named corporation's board by the corporation's board agent signature requires 13. | ed when reinstating; | |
| In LE 0 1 Title Change Addition NAME 0 0 1 Title Change Addition STRE LADDRESS 0 3 STREET ADDRESS 0 6 Change Addition CITY-S1-ZIP 0 6 Change 0 Addition 6 Change Addition 14. Lob interby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same local effort on it model under the same local effort on its of model under the same local effort on its of model under the same local effort on its of model under the same local effort on its of model under the same local effort on its of model under the same local effort on its of model under the same local effort on its of model under the same local effort on its of model under the same local effort on its of model under the same local effort on its of model under the same local effort on its of model under the same local effort on its of model under the same local effort on its of model under the same local effort on its of model under the same local effort on its of model under the same local effort on its of model under the same local effort on its of model under the same local effort on its of model effort on its of model under the same local effort on its of modelocal effort on its of model effort on its | 11. Pursuant to the provisions of Sections 607, or registered agent, or both, in the State of familiar with, and accept the obligations of, SIGNATURE SIGNATURE Signature, based or printed recent registered agent, or both, in the State of familiar with, and accept the obligations of, SIGNATURE Signature, based or printed recent registered agent, or both, in the State of familiar with, and accept the obligations of, SIGNATURE Signature, based or printed recent registered agent, or both, in the State of registered agent, or both, in the State of familiar with, and accept the obligations of, SIGNATURE 12. OFFICERS VMM AREA, RODOLFO SIME FACIORESS STD VAM AREA, RUDOLFO F. SIREFLADDRESS STD VIA STD VIA STD VIA AREA, RUDOLFO F. SIREFLADDRESS 272 SHADOW WAY MIAMI SPRINGS FL D DIXON,MONROE 5880 BIRD RD DIY-S1-24C MIAMI FL VIA SHEELADDRESS SIGNATURES S880 BIRD RD DIY-S1-24C MIAMI FL VIA SHEELADDRESS SIGNATURES SECONDESS SIGNATURES SECONDESS SIGNATURES | Section 607.0505, Florida Statutes. | S. The above-named corporation's boat PE Repotend Agent signature require 13. 1.1 TILE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TILE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 TILE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4.1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 5 1 TILE | ed when reinstating; | |
| NMM: 67 NML STRET ADDRESS 63 STREET ADDRESS CITY-S1-ZIP 64 CITY-S1-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplimental annual report is fue and accurate and that my signature shall have the same local effort as if mode under the information indicated on this annual report or supplimental annual report is fue and accurate and that my signature shall have the same local effort as if mode under the information indicated on this annual report of supplimental annual report is fue and accurate and that my signature shall have the same local effort as if mode under the information indicated on this annual report of supplimental annual report is fue and accurate and that my signature shall have the same local effort as if mode under the information indicated on this annual report of supplimental annual report is fue and accurate and that my signature shall have the same local effort as if mode under the information indicated on this annual report is fue and accurate and that my signature shall have the same local effort as if mode under the information indicated on this annual report is fue and accurate and that my signature shall have the same local effort as if mode under the information indicated on the informatice on the informatio | 11. Pursuant to the provisions of Sections 607, or registered agent, or both, in the State of familiar with, and accept the obligations of, SIGNATURE SIGNATURE Signature based or printed recent the obligations of, SIGNATURE Signature based or printed recent rec | Section 607.0505, Florida Statutes. | In the above-named corpo ad by the corporation's boat and the corporation's | ed when reinstating; | |
| | 11. Pursuant to the provisions of Sections 607, or registered agent, or both, in the State of familiar with, and accept the obligations of, SIGNATURE SIGNATURE Signature based or printed name of registered agent, or both, in the State of familiar with, and accept the obligations of, SIGNATURE Signature based or printed name of registered agent, or both, in the State of familiar with, and accept the obligations of, SIGNATURE Signature based or printed name of registered agent, or both, in the State of registered agent, or both, in the State of registered agent, or both, in the SIGNATURE 12. OFFICERS MM AREA, RODOLFO SIME FACIORESS STD MAM AREA, RUDOLFO F. SIREFLADDRESS 272 SHADOW WAY MIAMI SPRINGS FL D DIV ST ZIP MIAMI SPRINGS FL DIV ST ZIP D MAM SREAD WAY MIAMI SPRINGS FL D DIXON, MONROE 5880 BIRD RD DIY ST ZIP MIAMI FL TLF NIAMI FL STREFLADDRESS S880 BIRD RD DIY ST ZIP MIAMI FL TLF NAME STREFLADDRESS STREFLADDRESS DIY - S1 - ZIP MIAMI FL TLF | Section 607.0505, Florida Statutes. | In the above-named corpo and by the corporation's boat PE Repotend Agent signature requires 13. 1.1 TILE 12 NAME 13 STREET ADDRESS 14 CITY - ST- ZIP 2 TITLE 2 NAME 3 STREET ADDRESS 24 CITY - ST- ZIP 3 TITLE 3 STREET ADDRESS 3 4 CITY - ST- ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP 5.1 TITLE 5.1 TITLE 5.1 STREET ADDRESS 5.4 CITY - ST- ZIP 5.1 TITLE 5.1 STREET ADDRESS 5.4 CITY - ST- ZIP | ed when reinstating; | |
| CIT-S1-ZIP 64 CITY-S1-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the sage local effect as if mode | 11. Pursuant to the provisions of Sections 607, or registered agent, or both, in the State of familiar with, and accept the obligations of, SIGNATURE SIGNATURES SIGNATURES SIGNATURES SIGNATURES SIGNATURES SIGNATURES SIGNATURES SIGNATURES | Section 607.0505, Florida Statutes. | In the above-named corpo ad by the corporation's boat and the corporation's | ed when reinstating; | Impose of changing its registered office xointment as registered agent. I am DATE Impose of changing its registered agent. I am DATE Impose of change Impose of ch |
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