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1. Entity Name			· ·			FILE	٦
LERIVAP LIMITED P	ARTNERSHI	P					
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Principal Place of Business	М	ailing Address	_			SECRETARY O	FISTATE
Sur LAURER CAM DR.	8	W LAVAOR	OAK BR.			SECRETARY O	FLORIDA
SUITE 600		SUITE 600		,		, , , , , , , , , , , , , , , , , , , ,	
NAMES. 12 3410	Y ,	Suite 600 NAMES, PL	34108		-		
Principal Place of Business Sou LAURA OAK	3.	Mailing Address		1	4		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	COAK.	<i>3K</i> ,		DO NOT WRITE IN THIS	S SPACE
600		600					<del></del>
City & State	}	City & State  Non Log F	9	4.	FEI Number	(9-3613533	Applied For Not Applicable
Zip Country 34108 US		Zip 34108	Country	5.	Certificate of S		\$8.75 Additional Fee Required
6. Name and Addres	s of Current Regis	tered Agent	Nam			dress of New Registered	i Agent
	-a			Man /	FANS C	CVY	
1			Stree	et Address (P.O. E	30x Number is. PRUZ 0	Not Acceptable)	
				SUITE 60	0		
	,		City	Nmus	•	F	L Zip Code 34/0
. The above named entity submits hi	s statement tertification	of changing its	s registered office			the State of Florida.	
V	a set X						•
SIGNATURE Signature, type of printed name	of registered agent and title	of applicable. (NO	TE: Registered Agent si	gnature required when re	einstating)	DATE	
Signature, type of printed name.  Capital Contributions		10. Amount of Capi	ital Contributions	gnature required when re		11. MAKE CHECK PAYABL	<ul> <li>A service of the confliction of the co</li></ul>
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