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THE LIVING ROOM, INCORPORA	ATED	f				^			003 047 *:		
		_							012 014 *		
Principal Place of Business		Mailing Address									
/O LEON MARON		C/O LEON MARON			1						
0830 SAN JOSE BLVD. ACKSONVILLE FL 32223-6613		10830 SAN JOSE BLVD. JACKSONVILLE FL 32223	<b>1-6613</b>				, ;	1000	•		
2. Principal Place of Business	13	3. Mailing Address						\$ 1 31 B 4 1 1 m	1110 1110 11 110		
Suite, Apt. #, etc.	<del> </del> -	Suite, Apt. #, etc.				ı	DO NOT WRI	TE IN THI	S SPACE		
City & State		City & State	<del></del>	<u> </u>	4. F	El Number	59-229341	0	<u> </u>	oplied For	
Zip Country		Zip	Соиг	ntry	-		1		\$8.75 A	lot Applicable Iditional	
				т		Certificate of Status Desired     Name and Address of New Rev			Fee Required		
6. Name and Address of Cu	urrent Rec	gistered Agent		Name	7. 1	TOO A DING STREET	BSS OT NEW F	· · ·	u Agent		
MARON, LEON			· · · · ·	Street Addr	ess (P.O-B	ox Number is No	ot Acceptable	)		. :	
10830 SAN JOSE BLVD.							1				
JACKSONVILLE FL 32217							<u></u>		— <del>1</del>	<del></del>	
							1	F	L Zip Co	de	
				City							
<ol> <li>The above named entity submits this statem</li> </ol>	nent for the	e purpose of changing	its register	<u> </u>	gistered ag	ent, or both, in th	ne State of Flo	orida.	<del>-</del>		
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8. The above named entity submits this statem  9  SIGNATURE Signature, typed or printed name of registere  9. This corporation is elligible to satisfy its Inta	t birs Klega be	itte if applicable. (M	OTE: Registers	red office or reg		instating)		DATE		00 14 80	
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