DOCUMENT # L0000000969 BANKS ROAD PROPERTIES, LLC								FILED 01 APR -5 PM 4: 10				
Principal Place of Business 2761 N.E. 6TH STREET POMPANO BEACH FL 33062 Mailing Address 2761 N.E. 6TH STREET POMPANO BEACH FL 33062								SECRETARY OF STATALLAMASSEE, FLOR	TE NDA			
Principal Place of Business 3. Mailing Address												
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State				City & State			4.	FEI Number			lied For Applicable	
Zip	Country		Ziş	Zip		Country		Certificate of Status Desired	\$5	.00 Addit e Required		
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
ARNOLD, ONLEY E 2761 NE 6TH STREET						Street Addr	Street Address (P.O. Box Number is Not Acceptable)					
POMPANO		·				FL	Zip Code					
SIGNATURE _	Signature, typec	or printed name of registered ager	nt and title if a		!!! WC	d Agent signature of	0.00		DATE			
		MANAGING MEM	DEDC (MI	TMDEDO	10			ADDITIONS/CHAI	MOEC			
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	2761	WANAGING WEM WEYE, ARI WE GT S WANAG BEN	UBB VOL		1	E		ADDITIONS/CHAI		☐ Change	Addition	
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11 I hereby	certify that t	he information supplied w	vith this fil	ling does not qualify fo	or the ex	emption state	ed in Section	on 119 07(3)(i). Florida Statutes, I furt	her certi	fy that the i	nformation	

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

ATURE: JOHN JOHN ONLEY E. MRNOCA 3/9/01 964-941-243

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daylims Proces #