## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

03 JUL -3 AN 8:30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## DOCUMENT # L00000002663

Typed or printed name of signing Managing Member/Manage

Name and Mailing Address



2. New Mailing Address  City, State, Zip					4. State/Country of Formation  FL  5. Date Organized or Qualified  To Do Business in Florida  03/09/2000			
			59-3630800			Not Applicable		
City, State, Zip	City, State, Zip		CERTIFICATE OF STATUS DESIRED (\$\sum_{\text{for a Certificate of Status}}\)  CERTIFICATE OF STATUS DESIRED (\$\sum_{\text{for a Certificate of Status}}\)			Iditional Fee require ertificate of Status		
100	8. Name and Address of Curre	nt Registered Agen	it		9. Name and	Address of New Regi	stered Age	nt
CRONIM, MICHAEL T 911 CHESTNUT STREET CLEARWATER FL 33756			Name GLAGSTONE A. COOPER					
			Street Addre		ss (P.O. Box Number is Not Acceptable)			
				City TAA	δ1A		FL	Zip Code
10. I, beir	ng appointed the registered agent of the	960ve named limite	ed liability company	, am familiar with	and accept the obliq	gations of Chapter 608	3, F.S.	
Signature o Registered		APGISTERF AGE	NT MUST SIGN			Date	36 02	>
1. Name:	s and Street Addresses of Each Managi					- The state of the		Company and the second
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager			City / State / Zip			
MGRM								
MPUM	COOPER, GLADSTONE A JR	-	12710 ENGLIS	SH HILLS CT.		TAMPA FL 3:	3617	
MD (M)	COOPER, GLADSTONE A JR	-	12710 ENGLIS	SH HILLS CT.			·- <u>-</u> .	
mnom	COOPER, GLADSTONE A JR	-	12710 ENGLIS	SH HILLS CT.	301 0770370	TAMPA FL 3: JO21306 3-01089-00	·- <u>-</u> .	; Js.00
мыны	COOPER, GLADSTONE A JR		12710 ENGLIS	SH HILLS CT.	<b>30</b> ( 077037(		·- <u>-</u> .	Js.00
тыпт	COOPER, GLADSTONE A JR		12710 ENGLIS	SH HILLS CT.	<b>30</b> ( 07/03/0		·- <u>-</u> .	i is.oo
мыня	COOPER, GLADSTONE A JR		12710 ENGLIS			JO21366 30108900	·- <u>-</u> .	35.00
Мыни	COOPER, GLADSTONE A JR		12710 ENGLIS		30( 077037)	JO21366 30108900	·- <u>-</u> .	15.00 3 ons
2.   certifi	y that I am managing member/manage is reinstatement application the reason to owed by the limited liability company.	r or the receiver or t	riistaa amnowered	to execute this e	Delication as provide	102136 3-01089-00	3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3 Ques