STAPLE CHECK HERE

	MENT # LOOOOO	<del></del>	ti (UBI	K)	* .			
1. Entity Nam		F	ILED	 		•		
	, , , , , , , , , , , , , , , , , , ,	1 111	24 AM 8: 47					
Principal Place of Business  1270 FAIRVIEW LANE  LIVIERA BEACH, FL 33404  LIVIERA BEACH			S FL 33404	ECRET/	ARY OF STATE SSEE, FLORIDA			
Principal Place of Business						   <b>                               </b>		
		· ·						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number 65-1084	1228		pplied For at Applicable
Zip	Country.	Zip	Country		5. Certificate of Status Desired		5.00 Add	litional
	6. Name and Address of Current F			7. Name and Address of New	<del> </del>			
MATNEY, LOUISE C.			Name			<u>].</u>		
127	70 FAIRVIEW LANE	dia W	Street A	Street Address (P.O. Box Number is Not Accep		able)		
<b>*</b>	IVIERA BEACH, FL 33					l FL	1 0	
8. The above named entity submits this statement for the success of				City			Zip Code	3
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
•			5098  /010106 50.00 **	3600	7			
9.	MANAGING MEMBER		10.		<del></del>	S/CHANGES		
TITLE NAME		☐ Delete	TITLE NAME	MEM	ber Yey, Louise C	•	Change ,	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	1270	FATEVIEW LAND ERA BEAUT	E FL 334	hel.	
TITLE		☐ Delete	TITLE		<u> </u>	1	☐ Change	☐ Addition
NAME Street adoress City-St-Zip		<del></del>	NAME STREET ADDRESS CITY-ST-ZIP		s in a			
TITLE NAME		Delete .	TITLE			1	☐ Change	☐ Addition
STREET ADDRESS City-St-Zip			NAME STREET ADDRESS CITY-ST-ZIP		•			•
TITLE		☐ Delete	TITLE		¥	}	☐ Change	☐ Addition
NAME STREET ADDRESS		,	NAME STREET ADDRESS		•	!		
CITY-ST-ZIP			CITY-ST-ZIP	ļ				
TITLE NAME	•	☐ Delete	TITLE Name				Change	Addition
STREET ADDRESS CITY-ST-ZIP	•		STREET ADDRESS CITY-ST-ZIP			<u> </u>	•	
TITLE	-	☐ Delete	TITLE	<del>-</del> -		]	Change	Addition
NAME STREET ADDRESS			NAME Street address			į.		
CITY-ST-ZIP	artify that the information	his filling days and a second	CITY-ST-ZIP					
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.								
Property of the things of the things								