| | MENT # LOOK | 00003716 | 3 | | | | | | | |
|---|---|---|--|--|--|-----------------------------|---------------------------------------|---|-------------------------------------|----------------|
| 1. Entity Nam | ero reimiller sylve | | | F | FI | LED | | | | |
| 45 | | | | | | 27 PH 12: 17 | | | | |
| Principal Plac | ce of Business | Mailing Addre | ess | | | , | | | | |
| 8625 DOVER ORLANDO FL | OAKS COURT 22836 | 8625 DOVER ORLANDO FL | OAKS COURT . 32836 | | SEURETAI TALLAHAS | RY OF STATE See, Florida | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Add | 3. Mailing Address | | | | | | | |
| | | Suite, Apt. # | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | |
| City & State | | City & State | City & State | | 4. FEI N | Number | | 7 | pplied For | 7 |
| Zip | Country | Zip | | Country | 5. Certi | ficate of Status Desired | | \$5.00 Ad ee Require | ditional | |
| | 6. Name and Address of C | urrent Registered Agen | t | Name | 7. Nam | e and Address of New | Registered A | gent | | 7 |
| | JINTERO-CLAPPERTON, DA | NIEL | ~ : - : - : - : - : - : - : - : - : - : | | ress (P.O. Box N | Number is Not Acceptat | ole) | | | - |
| | 25 DOVER OAKS COURT RLANDO FL 32836 | | | <u> </u> | | | | | · | + |
| | | | | | | | | | 40 | |
| | | | | City | | | FI | Zip Cod | Je | 1 |
| 8. The above | named entity submits this state | ment for the purpose of c | hanging its regi | | gistered agent, | or both, in the State of F | FL. | Zip Cod | Je | - |
| | named entity submits this state | ment for the purpose of c | hanging its regi | | gistered agent, | or both, in the State of F | | Zip Coo | Je | - |
| 8. The above | named entity submits this state | | (NOTE: Reg | istered office or re- | equired when reinstat | | | Zip Cod | | - |
| | | ed agent and title if applicable. | (NOTE: Reg | istered office or re | equired when rainstat | | Florida. | Zip Coc | | |
| SIGNATURE _ | Signature, typed or printed name of register | ed agent and title if applicable. Make (| (NOTE: Reg FILE NOW Check Payab Due By Se | gistered Agent signature in 1911 FEE IS \$50 ole to Departme eptember 26, 20 | equired when reinstat .00 ent of State | ing) | Florida. | Zip Coc | | |
| | Signature, typed or printed name of register | ed agent and little if applicable. Make (MEMBERS/MANAGERS | (NOTE: Reg FILE NOW Check Payab Due By Se | istered office or re- gistered Agent signature of '!!! FEE IS \$50 Die to Departme | equired when reinstat .00 ent of State | ing) | DATE CHANGES | | | 93) |
| SIGNATURE _ | Signature, typed or printed name of register MANAGING I MGR QUINTERO-CLAPPERTOI 8625 DOVER OAKS COL | Make (MEMBERS/MANAGERS N, DANIEL | (NOTE: Reg | gistered Agent signature in 1911 FEE IS \$50 ole to Departme eptember 26, 20 | equired when reinstat .00 ent of State | ing) | DATE CHANGES | Zip Coc | Addition | PEO83 (5/01) |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Signature, typed or printed name of register MANAGING I MGR QUINTERO-CLAPPERTOI | Make (MEMBERS/MANAGERS N, DANIEL JRT | (NOTE: Reg | gistered Agent signature r IIII FEE IS \$50 Die to Departme ptember 26, 20 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | equired when reinstat .00 ent of State | ing) | DATE DATE | | | CROFOR3 (5/01) |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Signature, typed or printed name of register MANAGING I MGR QUINTERO-CLAPPERTOI 8625 DOVER OAKS COL | Make (MEMBERS/MANAGERS N, DANIEL JRT | (NOTE: Reg FILE NOW Check Payab Due By Se Delete | gistered office or re- gistered Agent signature r III FEE IS \$50 Die to Departme eptember 26, 20 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | equired when reinstat .00 ent of State | ADDITIONS | DATE B/CHANGES | ☐ Change | Addition | |
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