

FILED
May 26, 2004 8:00 am
Secretary of State

517

0400 / 000

02232004 Chg-LLC CR2E083 (10/03)

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

Name _____

Street *** NOTE NEW ADDRESS *** _____ (b)(6)
1500 W Cypress Creek Rd., Ste. 409
Ft. Lauderdale, FL 33309

City _____ **FL** _____ Zip Code _____

DATE _____

**Make check payable to
Florida Department of State**

CITY-STATE-ZIP		
TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		

Nextime Phone: