ייי - י אטב וט אוזיונט

2001 UNIF	JKM BUSIN	E22 KELOH	(UBK)	_				
DOCUMENT # 1. Entity Name THE FRANK E. HA		6756	2 phd					
THE FRANK F. HA	DING, E.L.C.				FILED			
Principal Place of Business	I N	Mailing Address		[→] 01 ¹	NUG -3 AH 8: 47			
1600 FLAGLER AVENUE KEY WEST FL 33040		1600 Flagler Avenue Key West Fl 33040		SECT	RETARY OF STATE AHASSEE, FLORIDA			
1	1			_				
2. Principal Place of Business		3. Mailing Address				88218 BJ12J 18801 9		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS			
City & State		City & State		4. FEI N	umber 0/78/2		plied For t Applicable	
Zip	Country	Zip	Country	5. Certif	icate of Status Desired	\$5.00 Addi Fee Required		
6. Name an	d Address of Current Regi	stered Agent	Name	7. Name	and Address of New Registered	Agent		i
HARDING, FRAN	K.È			· /P O Boy N	lumber is Not Acceptable)			
1600 FLAGLER A KEY WEST FL 33			Olivet Address		anioc. is not recopiation	·		
1,21 1,207 1,200			City		FL	Zip Code)	
8. The above named entity su	bmits this statement for the	purpose of changing its reg	gistered office or regist	tered agent, o	or both, in the State of Florida.			
SIGNATURE								
Signature, typed or p	inted name of registered agent and titl		egistered Agent signature requi	-	ng) DATE			
		- Make Check Paya	ble to Department	of-State				-
			eptember 26, 2001					
IITLE MANAGE	MANAGING MEMBERS	MANAGERS Delete	10.	, 12	ADDITIONS/CHANGES		☐ Addition	(5/01)
NAME Front	K 17. 1+ 1	ding (NAME CIPCET ADDRESS	(' '	Frank F. Haro	ling		
STREET ADDRESS CITY-ST-ZIP	The FEL	3300	STREET ADDRESS CITY-ST-ZIP		1600 = Haler Kurley OFL	3 <u>3</u> 6	40	PECARA
TITLE NAME		☐ Delete	TITLE NAME		U	☐ Change	☐ Addition	5
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME	,		☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP					ĺ
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS CITY-STÉZIP	,		NAME STREET ADDRESS CITY-ST-ZIP					
TITLE `	E	☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP 11. I hereby certify that the in	formation supplied with this	filing does not qualify for th	CITY-ST-ZIP ne exemption stated in	Section 119.0	07(3)(i), Florida Statutes. I further-ce	rtify that the ir	formation	
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 are filmade under oath; that I am a managing member or manager of the limited liability company or the repeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #								
SIQNATURE AND	TYPED O R PRINTED NAME OF SIGI	YING MANAGING MEMBER, MANAG	iek, or authorized repre	SENTATIVE	Date	Daytime Phone #		1