ZUUI UNIFUNNI		JAI (UBA)	7			6 224	
DOCUMENT # ' L 1. Entity Name GITRO, îLC.	00000008272					₽	
	0.1	FILED		:			
Principal Place of Business Mailing Address 2804 FULTON STREET S.W. PMB157, 13799 PARK(EL			47	:			
LARGO FL 33774	SEMINOLE FL 33776 A	CRETARY OF STAT LLAHASSEE, FLORI	Ç D A				
2. Principal Place of Business	3. Mailing Address			### ##### ############################			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc. City & State		DO NOT WRITE IN THIS SPACE 4. FEI Numbers 2 / 5 4 1 / Applied For			
City & State Zip Country	·	Zip Country		1-3634163		olicable	
	s of Current Registered Agent	1	5. Certificate of	f Status Desired	Fee Required		
o. Name and Address	Name	7. Name and A	dutess of New Registered	-gent			
Garnier, Edward 2804 Fulton Street SW	Street Address	(P.O. Box Number	is Not Acceptable)				
LARGO FL 33774			•				
		City		FL	Zip Code		
8. The above named entity submits this	statement for the purpose of changing it	s registered office or registe	ered agent, or both,	in the State of Florida.	_		
SIGNATURE Signature byped or printed name of	registered agent and title if applicable. (NO	GARNIER, MG. TE: Registered Agent signature require	ed when reinstating)	DATE DATE	101		
والمستعملين والمستعملين		TOW!!!"FEE IS \$50:00		- Fa.			
	•	ayable to Department	1		- , 		
	GING MEMBERS/MEMBERS	10.		ADDITIONS/CHANGES	}		
TITLE MANUACED NAME EDWARD GA STREET ADDRESS CITY-ST-ZIP LARGO.FL	ENISIE Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	50	00004475 -07/13/010	Change □. 495 1106810 \$****50.0	Addition OC	
TREASURE	ARVISE Delete	: TITLE		****50.00	T Change □		
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NAME STREET ADDRESS		NAME Street Address					
CITY-ST-ZIP		CITY-ST-ZIP	2-14-440-07(0)(1)	Florido Ctatuta à Éstata	etifu that the infer-	ation	
indicated on this report is true and a	supplied with this filing does not qualify faccurate and that my signature shall have ever or trustee empowered to execute this	e the same legal effect as if	made under oath; t	that I am a managing memb	rury that the informa er or manager of th	10 10	
SIGNATURE:	PINTED NAME OF SIGNING MANAGING MEMBER. M	ANAGER OR A ITHORIZED DEPPER	ALENT SENTATIVE	4-30-01 72	7/421-3/37 Daytime Phone #	<u>-</u>	