DOCUMENT # L0000011316  1. Entity Name  APPLIED MANAGEMENT SERVICES L.L.C.				FILED		
				01 MAY 24 PM 12: 36		
Principal Place of Business Mailing Address  3881 LEESWAY CIRCLE PENSACOLA FL 32504 PENSACOLA FL 32504			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business 3440 OAK MONT Dr. 3. Mailing Address 3440 OAK MONT Dr. Suite, Apt. #, etc.			kmont u	<b>—</b>	FIJII IIIII BIJII BIJII IIIII IIIII IIIII IIIIII IIIIII IIIII	1 <b>3</b> 1 11 <b>913 3</b> 121 1881
City & State City & State			4. FEI Number			Applied For
Pensawia, FL Per		Pensacolo	Country	5. Certificate of Status Des	95.00 4	Not Applicable
	6. Name and Address of Current I	32503	us	7. Name and Address of N	Fee Requi	ired
	o. Name and Address of Corrent	registered Agent	Name -	_ ,	. 1	
TENORO UNDOLD-1 :				P.OBox Number is Not Acceptable)		
	SWAY CIRCLE		3440 OAKMONT DY.			
PENSACOLA FL 32504						
			PE	nsacola		503
SIGNATURE _	named entity submits this statement for August 4.  Signature, typed or printed name of registered agent a	Kenoo	Registered Agent signature requ		4/21/01	
·		Make Check Pay	W!!! FEE IS \$50.0 able to Department	•		-
9.	MANAGING MEMBE		10.	ADDITI	ONS/CHANGES	Addition 8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Harold Tenoso	ロ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY_ST-ZIP	-0		03 ` 001
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	Change	Addition
CITY-ST-ZIP		····	CITY-ST-ZIP			Addition
NAME STREET ADDRESS CITY-ST-ZIP	<b></b>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE .		☐ Delete	TITLE NAME		☐ Change	: Addition
STREET ADDRESS CITY-ST-ZIP		-•	STREET ADDRESS CITY-ST-ZIP		:	
<ul> <li>indicated</li> </ul>	ertify that the information supplied with on this report is true and accurate and bility company or the receiver or trustee	hat my signature shall have th	ie same legal effect as i	if made under oath: that I am a r	utes. I further certify that the nanaging member or manag	e information ger of the

4/21/01 678-428-2934

Haroft Jaconom 10