2001	ı UNIF	ORM BUSI	INESS REPO)ŘT :	(UBR)			*		
DOCUI	MENT#		0013293	ar .			FILED			
1. Entity Nam PLAY ALL	ne _ THE DAY ,			••		7	01 MAY -7 PM	4: 16		
· - · ·	, , , , , , , , , , , , , , , , , , , ,						SECRETARY OF TALLAHASSEE. F	STATE		
Principal Place of Business Mailing Address						-	IALLAHASSEE. F	LORIDA		
28960 U.S. 19 N. SUITE 100 28960 U.S. 19 N. SUITE 100 CLEARWATER FL 33761 CLEARWATER FL 33761								1		
-										
2. Principal P	Place of Busines	s	3. Mailing Address							
Suite, Apt.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State	ie .		City & State			4. FEI NO	umber 1-3-13-15-16	-	Applied For Not Applicable	
Zip	Country		Zip	Count	try	5. Certificate of Status Desired		□ \$5.00 Fee Re	Additional quired	
	6. Name ar	nd Address of Current	Registered Agent		Name	7. Name	and Address of New Reg	Istered Agent		
	erg, robert			ļ	Street Address (P.O. Box Number is Not Acceptable)					
	s. 19 n. suite Ater fl 3376							<u> </u>		
ULEARWA	ILK FL 33/0	1		·				FL Zip	Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered						tered agent, o	or both, in the State of Floric	FL		
				-			•			
SIGNATURE .	Signature, typed or p	printed name of registered agent a	and title if applicable. (NO	TE: Registered	d Agent signature requi	ired when reinstatin	10)	DATE		
Make Check Payable to Departs							·	-		
9. TITLE	MGRN	MANAGING MEMBI	ERS/MEMBERS Delete	10. TITLE	F .		ADDITIONS/C	HANGES Cha	ange	
		BOESCH WOMARK TRAIL	NAM							
STREET ADDRESS CITY+ST-ZIP	3528 LAI	NOMARK TRAIL ARBOR, FL 346	84	■ .						
TITLE NAME			☐ Delete	TITLE	•			☐ Cha	ange 🗌 Addition	
STREET ADDRESS				STRE	EET ADDRESS			f		
TITLE			☐ Delete	TITLE			<u> </u>	☐ Cha	ange 🔲 Addition	
NAME T STREET ADDRESS	1.00			NĀME STREI	EET ADDRESS		3000043 -06/05/	3 416 0	38	
CITY-ST-ZIP					-ST-ZiP		-06/05/ *****5	010104U 01-00)013 ***50=00	
TITLE NAME			☐ Delete	TITLE NAME			_	J, T L Cna	ange Addition	
STREET ADDRESS CITY-ST-ZIP		, =			ET ADDRESS -ST-ZIP					
TITLE NAME			☐ Delete	TITLE				☐ Cha	ange Addition	
STREET ADDRESS				STREE	ET ADDRESS					
CITY-ST-ZIP	<u> </u>		☐ Defete	CITY-	-\$T-ZIP	,		Cha	ange Addition	
NAME 3				NAME STREE	E ET ADDRESS				• _	
CITY-ST-ZIP*	<u> </u>		<u> </u>	CITY-	-ST-ZIP					
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 repert is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver optrustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
C: CN 47		EMAN AS	THE PECU	TENST	n (و اواليالي	in mile.	2111	
SIGNAT	SIGNATURE AND	O TYPED OR PRINTED NAME O	F SIGNING MANAGING MEMBER, MA	ANAGER, OR	AUTHORIZED REPRÉ	SENTATIVE	Date	Daytime Pho	one #	