200	1 UNIFORM BUS	_				OUU / DUG			
DOCUMENT # L0000013344					FILED				אינים
RISPOLI PROPERTIES, LLC					01 APR 18 PM 2: 45				5
Principal Place of Business 1948 NW 54TH AVENUE MARGATE FL 33063		Mailing Address 1948 NW 54TH AVENUE MARGATE FL 33063				SECRETARY O TALLAHASSEE		21 216 11 216 1 1 26 1	
2. Principal f	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			FEI.N	15-105662	 	Applied For Not Applicable]
Zip *	Country 6. Name and Address of Current f	Zip Coun		try	5. Certificate of Status Desired]
<u></u>			Name	7. Nam	e and Address of New As	gistered Agent		1	
LAW OFFICES OF WILLIAM H. BATALLAS, P.A. 3531 GRIFFIN ROAD			j	Street Address ((P.O. Box Number is Not Acceptable)				
FT. LAUD	DERDALE FL 33312				FL Zip Code				
A The share		Manager and all the second second							-
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature typed or printed name of registered agent and trie if applicable. (NOTE: Registered Agent signature required when relievations)								>	
		FILE NO		FEE IS \$50.00 p.Department_o	l State				
9.	MANAGING MEMBE	SS/MEMBERS	10.	*		ADDITIONS/0	THANGES	 	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LUCE RISPOLI 3900 894 12d S.	☐ Delete	TITLE NAME STREE		•	ADDITIONS/C	Change	☐ Addition	083 (11/00)
TITLE NAME	Boynton Beach, FL 33436		TITLE		~0000407841 -04/25/0101 0 96 ¹² 02P *****50.00 ******50.0			12 P Addition	CR2E083
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP		. ************************************	J. UU *****	W. 00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				and the second second	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete					☐ Change	Addition	
TITLE NAME STREET-ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE				☐ Change	☐ Addition	
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 accordate 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: 5 ON 10 194-174-037 SIGNATURE AND THE OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Proper #									