001 UNIFO	RM BUSINESS REPORT (UBR)
CLIMENT #	1.0000004.400.4

DOCUMENT #  1. Entity Name	L00000014094						
FTAL HAWTHORNE, L.C.							
· · · · · · · · · · · · · · · · · · ·	-						
Principal Place of Business	Mailing Address						
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XIXXXXX ROUNT XORRACK X						

FILED

FTAL HAWTHORNE, L.C.											
								0	FEB 2	I PH:	2: 21
Principal Place of Business		Mailing Address				OI FEB 21 PM 2: 21					
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		XM XXXX ABUX XERRACK X XANGSVULE TX 38007 X X				SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal Place of Business 4423 NW 6TH PLACE		3. Mailing Address 4423 NW 6TH PLACE									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
SUITE A City & State		SUITE A City & State				4. FEI N	umber			plied For	
GAIŃESVILLE, FL Zip Country		GAÍNESVILLE, FL  Zip Country						No. <b>\$5.00</b> Add	ot Applicable		
32607			32607					icate of Status Desired	ַ י	Fee Require	
_	6. Name	and Address of Current	Hegistered Agent		Name		/. Name	and Address of New R	egistered A	gent	
	•				Street Address (P.O. Box Number is Not Acceptable) 4423 NW 6TH PLACE						
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		•	SUITE A		ΕΑ					,	
				City GAINESVI		ESVILL	Æ		FL	Zip Cod 326	607
8. The above	named entity	submits this statement for	r the purpose of changing its	registere	ed office or i	registered	agent, c	or both, in the State of Flo	orida.		
3000037819833											
SIGNATURE	Signature, typed o	r printed name of registered agent a	and title if applicable. (NOTI	E: Registere	d Agent signatur	re required wh	en reinstatir	(g) ——[] (2) (2) (4) (g)	(EU 00 (YU1==U	<del>1U3U</del>	<del>////</del>
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  #####50.00  FILE NOW!!! FEE IS \$50.00											
			Make Check Pa				State				
				1 40				4 DOITIONS	1011441050		
9. 11TLE	T.,,	MANAGING MEMBE	ERS/MEMBERS Delete	10.				ADDITIONS/	CHANGES	(X) Change	☐ Addition
NAME	MGRM	N, GORDON C	L Delete	NAM						Es onango	
STREET ADDRESS	74k\$3\kx	ATTH TERRACE			et address -St-Zip			6TH PLACE, SU			
CITY-ST-ZIP TITLE	T	<u>Mexalxocolox</u> xx	☐ Delete	TITLE	····-	GAIN	ESVI	LLE, FL 3260	7		Addition
NAME	MGRM	DARRELL G	C Delete	NAMI	ľ			·		Can officially	
STREET ADDRESS	<b>WANTER</b>	<b>HOMEN AND THE</b>			ET ADDRESS			6TH PLACE, SU LLE, FL 3260			
CITY-ST-ZIP		MEXIPLX32605K	- Delete	TITLE	-ST-ZIP	GAIN	ESVI.	LLE, FL J200	<u>′                                     </u>	Change	Addition
NAME	MGRM   ALFINO, PA	AIN A	La Delete	NAM						change	
STREET ADDRESS		XSTREET			ET ADDRESS			STH PLACE, SU			
CITY-ST-ZIP		MEX.Ed. x 32608; X			-ST-ZIP	GAIN	ESVI.	LLE, FL 3260	<i>1</i> .	X Change	☐ Addition
TITLE NAME	MGRM	TO CADIOS E	☐ Delete	TITLE NAMI		//00	<b>.</b>		, TMD 4	TT Change	☐ Addition
STREET ADDRESS		3.N.W. 6TH PLACE, SUITE A.				STH PLACE, SU LLE, FL 3260					
City-St-ZIP		LEXEL 32607			-ST-ZIP			/200		☐ Change	☐ Addition
TITLE NAME			☐ Delete	TITLE				λ./		Change	Addition
STREET ADDRESS					ET ADDRESS			N			
CITY-ST-ZIP			m s.c.	-	-ST-ZIP			•		Change	Addition
TITLE / NAME	}		☐ Delete	TITLE						☐ Change	Addition
STREET ADURESS					ET ADDRESS						
CITY-ST-ZIP		information growth design	this filing close and available for		ST-ZIP	od in Coort	00 110 0	7/9/i) Elocida Channa - 1	further ====		oformation
Tr. Intereby C	perniy mar me	irii o manoù anbbilea mitu	this filing does not qualify for	ure exer	ription state	a in Secti	ori il <del>y</del> .U	راع زراز المرابع	innaner cett	ay ulatine ir	normation

indicated on this report 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

IG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE