DOCUMENT # LO0000014791  1. Entity Name  BASALT PARTNERS, L.C.						FILED			
Principal Place of Business 3308 W. WILDWOOD BAY COURT LECANTO FL 34461		Mailing Address 3308 W. WILDWOOD BAY COURT LECANTO FL 34461			   	OI MAR 28 AM 8: 34 SECKETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal F	Place of Business	3. Mailing Address	Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Stat	te	City & State	•			4. FEI Number Applied For			
Zip	Country	Zip	Countr	<u>.</u> У	5. Certificate of Status Desired Space Spa		ditional		
	6. Name and Address of Current I	l Registered Agent	•		7. Name	and Address of New Registere	•	ru .	
EITZONAMONO MAILIAMA D				Name -					
	IONS, WILLIAM D WILDWOOD BAY COURT		Street Address		(P.O. Box Number is Not Acceptable)				
	FL 34461		Ī						
				City		· F	L Zip Cod	e	
SIGNATURE .	named entity submits this statement for Signature, typed or printed name of registered agent a	nd title if applicable. (NOTI	E: Registered	Agent signature requir	ed when reinstation		3013	  3  -020	
			Make Check Payable to Department of			*****50.00 *****50.00			
9.	MANAGING MEMBE	RS/MEMBERS  Delete	10.	<u> </u>		ADDITIONS/CHANG	ES Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR   FITZSIMMONS, WILLIAM D   3308 W. WILDWOOD BAY COUR'   LECANTO FL 34461		NAME	ADDRESS ST-ZIP			Orange		
TITLE		☐ Delete	TITLE		·		☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME Street City-S	ADDRESS ST-ZIP	<u>.</u>	•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	الم	Delete	NAME STREET CITY-S	ADDRESS			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.	□ Delete	TITLE NAME	ADDRESS		· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, "	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP		ζι	☐ Change	Addition	
indicated	ertify that the information supplied with on this report is true and accurate and t bility company or the receiver or trustee	hat my signature shall have t	the same I	egal effect as if	made under	oath; that I am a managing mem	ertify that the in ber or manage	nformation or of the	

SIGNATURE: 352-628-5500 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Destrict Destrict Phone #