_{/3} 51	UNIFORM BUSIN	ESS REPO	RTAJBR	R)					
DOCUI	MENT # L000000148	88	Erren er je						
FINAL 7	THUNDER, L.L.C.		Ī	FILED					
Principal Place of Business Mailing Address			<u>.</u>		01 FEB 26 AM 3: 49				
831 S.E. 5 PAUL SAM Pompano Beach F/33060			ne		SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Pomp,	and Beach F13306	0			TALEANAS	.SEE, TEUM ·	JUA		
Principal Place of Business 3.		. Mailing Address	<u> </u>						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Nu	mber 65-10!	11650	 	olied For Applicable	
Zip 330	Country (1.5 A)	Zip	Country	5. Certific	ate of Status Desired		00 Addi Required		
	6. Name and Address of Current Reg	istered Agent		7. Name	and Address of New R	gistered Agent			}
02	bert A. Johnson 15.6.5 Avenue	-	Street Ad	ddress (P.O. Box Nu	mber is Not Acceptable)		inguistration of the last	-
Pon	npano Beach, Fl	33060	City			FL Z	ip Code		1
8. The above	named entity submits this statement for the	e purpose of changing its	registered office or	registered agent, or	both, in the State of Flo	rida.		•	
SIGNATURE .	Signature, typed or printed name of registered agent and ti	tle if applicable. (NOTI	E: Registered Agent signatur	re required when reinstating	,	DATE	-		
_		7-12 Martin 122			SUUUUS				
			OWIII FEE.IS \$! yable to Departn			7/01÷-010 ×50.00 *		009 50.00	-
			•	1					-
9.	MANAGING MEMBERS	/MEMBERS Delete	TITLE	DIRECTOR	ADDITIONS A		Change	☐ Addition	8
TITLE NAME	ANDRET JAKUSON	L Delete	NAME	O. L. ROAD.	v , /			`	83 (11/00)
STREET ADDRESS	بالعاديم الكليسر بساورات	•	STREET ADDRESS	9770 KENR	ich Rd				83
CITY-ST-ZIP	POMPANO BEACH F/ 3306			Centeruille	Ohio 45458		Change	☐ Addition	CRZEO
TITLE	POMPANO BEACH F/3306 DIRECTOR G-lenn Murchison	☐ Delete	TITLE NAME _				Change		ᅙ
NAME STREET ADDRESS	L4 JACKSON AND		STREET ADDRESS			1			
CITY-ST-ZIP	PONTE UR JEA, F/ 32082		CITY-ST-ZIP						1
-TITLE		Delete	aTITLE:	المعالم جاليا فيساجد	والمحارضين فأسحان		Change -	_ [] Addition	
NAME	CLARENCE JOHNSON		NAME STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	14154 ASTOR AU W.P.B, F/ 33414		CITY-ST-ZIP						
	A	☐ Delete	TITLE				Change	Addition	1
NAME	mike woeber place		NAME						1
STREET ADDRESS	2106 Judith Pince	•	STREET ADDRESS						1
CITY-ST-ZIP	LONG WOOD F/ 32779		CITY-ST-ZIP	1.0			Change	Addition	-{
TITLE NAME	BIRCTOR Pete Speckman 8430 Waterway OR W.P.B F/ 33406	☐ Delete	TITLE NAME				O ILLINGO		
STREET ADDRESS	GUZO Water WAY DR		STREET ADDRESS						
CITY-ST-ZIP	W.P.B F/ 33406		CITY-ST-ZiP						4
TITLE	DIRECTOR	☐ Delete	TITLE				Change	Addition	
NAM	BILL BRACKET BOOK DR		NAME Street Address						
STREE ADDRESS CITY-ST-ZIP	West Chester, Ohio 43	5069	CITY-ST-ZIP	•					
	أحاف عافاتها المستال والمستان والمتافق والمتاف والمتاف والمتاف والمتاف والمتاف والمتاف والمتاف والمتاف والمتاف	a filiana dogga pot gyzalify fo	r the exemption stat	ed in Section 119.0	7(3)(i), Florida Statutes.	I further certify th	nat the in	formation	1
l indiantac	certify that the information supplied with this d on this report is true and accurate and that ability company or the receiver or trustee en	t mv sionatilite snall dave	The same legal ener	oraș ii made under	Jani, iliai i alli a manaj	ging member or	managei	r or the	
,	16/11				2/0/21	954 9	41.0	7/4	
SIGNAT	SIGNATURE AND TYPED OR PRINTED MAME OF SIG	GNING MANAGING MEMBER, MA	NAGER, OR AUTHORIZED	REPRESENTATIVE	Date	Daytime	Phone #	<u>-/-/</u> _	