2003 LIMITED LIABILITY COMPANY

. Pr	MENT # L00000 01	16124				لد غد اجتمعت	More species	•	
PAONE VE			FILED						
Principal Place of Business Mailing Address 372 SPYGLASS WAY LANE JUPITER FL 33477 Mailing Address			1120 Bethlehem PK P.O. Box 280 Spring House, PA 19477		SECRETARY OF STATE TALLAHASSEE, IFILORIDA				
	lace of Business Spyglass Lane #, etc.	3. Mailing Address 1120 Bethlehem Pk. Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State	1111	Box 280 City & State Spring House, PA			4. FEI Number 65-1067885 Applied For Not Applicable				
3347	Country Country SA 6. Name and Address of Current R	79477	Country USA			of Status Desired		\$5.00 Add Fee Require	ditional
C T (Name Street A	et Address (P.O. Box Number is Not Acceptable)							
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			City	10/10/0301013003 **50.00 FL Zip Code					
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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of Due By September 24, 2003									
9.	MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS	/CHANGE	S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Delete TITT PAONE, SALVATORE S 372 SPYGLASS WAY 66 SPYGLASS LANE STE JUPITER FL 33477			PAC 166	GRM ONE, S SPYGL	ALVATORE ASS LANE FL 3347	S.	Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				<u> </u>	<u>.</u>	
TITLE NAME STREET ADDRESS ATY-ST-ZIP	·	□ Delete ~	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TAT	FAITN		Change 19	Addition Addition
TITLE "MAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ 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 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Date Date Description Phone #									