200	1 UNIFORM BUS	INESS REPO	RT (UBR)				
DOCUMENT # L0000016223 1. Entity Name					FILED			
NEXT S	TEP LLC			01 APR -4 AM 8: 01				
Principal Place of Business PAID 10 th Che W PAIMENTO, FI.		Mailing Address PMB \$104 4501 MANDTEE AVE W BNADENTON, FI 34209		ź	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal I	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI NU	mber 5-106 3199		Applied For Not Applicable	
Zip	Country	Zip	Country		cate of Status Desired	\$5.00 Ad Fee Requir		
	6. Name and Address of Current I	Registered Agent	Nama	7. Name	and Address of New Registe	red Agent		
	DION, RICHARD 2006 14Th AUE BRADENTON,	Name Street Addr	ress (P.O. Box Nu	mber is Not Acceptable)		-	-	
	2006 14" AUE	W						
	BNADENTON	1.34201	City			FL Zip Co	de	
8. The above	e named entity submits this statement for	the purpose of changing its	registered office or rec	gistered agent, or	both, in the State of Florida.	•		
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signature re	equired when reinstating) D/	ATE		ı
		FILE NO	WIII FEE IS \$50	.00	2000000			
			rable to Departme	nt of State	_7000039: -04/12/0 *****50.	ili sesesa	015 ++50.00	
9.	MANAGING MEMBE		10.		ADDITIONS/CHÂN	GES Change	- Addition	6
NAME: STREET ADDRESS CITY-ST-ZIP	DION, RICHARD K 2006 14Th AVEW BHADENTON,	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	E083 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ı		☐ Change	☐ Addition	CRZEO
NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP		□ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-S7-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition .	
11. I hereby c indicated limited liab	ertify that the information supplied with to this report is true and accurate and the billity company or the receiver of trustee of the supplied with the supplied to the supplied that the supp	his filing does not qualify for that my signature ehalf have the empowered to execute this re	he exemption stated in the exemption stated in the same legal effect as required by C	in Section 119.076 s if made under o chapter 608, Florid	ath; that I am a managing med la Statutes.	mber or manage	er of the	
SIGNAT	URE:	SIGNING MANAGING MEMBER, MANA	GER, OR AUTHORIZED REP	RESENTATIVE	3/30/01 9	41-150- Daytime Phone #	6803	