2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Feb 21, 2003 8:00 am Secretary of State

SITE 6184 CONSMICTOR PLACED Place of Business Suito, Apt. 4, etc. Suito, Apt. 4, etc. City & State City & Sta		UMENT # LOOOOO(Name TO REALITY, LLC	016308		02-21-2003 90017 033 ****5	50.00
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Sheet Address (F.O. Box Number is Not Acceptable) 8. The above namod entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Frinds. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Frinds. I am familiar with, and acceptable or Projectered agent, or both, in the State of Frinds. I am familiar with, and acceptable or Projectered agent, or both, in the State of Frinds. I am familiar with, and acceptable or Projectered Agent, or both, in the State of Frinds. I am familiar with, and acceptable or Projectered Agent, or both, in the State of Frinds. I am familiar with, and acceptable or Projectered Agent, or both, in the State of Frinds. I am familiar with, and acceptable or Projectered Agent, or both, in the State of Frinds. I am familiar with, and acceptable or Projectered Agent, or both, in the State of Frinds. I am familiar with, and acceptable or Projectered Agent, or both, in the State of Frinds. I am familiar with, and acceptable or Projectered Agent, or both, in the State of Frinds. I am familiar with, and acceptable or Projectered Agent, or both, in the State of Frinds. I am familiar with, and acceptable or Projectered Agent, or both, in the State of Frinds. I am familiar with, and acceptable or Projectered Agent, or both, in the State of Frinds. I am familiar with, and acceptable or Projected Agent, or both, in the State of Frinds. I am familiar with, and acceptable or Projected Agent, or both, in the State of Frinds. In the Agent		tate	City & State			ed For
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VIUSEFZADEN, BAHRAM 841 EAST CLUB CIRCLE LONGWOOD FL 32779 City FL Zip Code A. The above named entily submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I tern familiar with, and acce FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS /MANAGERS MARY AUGUST THE AUGUST STREET AUGUSTS STREET AUGUSTS CITY-ST-2P LE M.E. M.E. M.E. M.E. M.E. M.E. M.E. M.		8. Name and Address of Current	Registered Agent		Fee Required	
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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 feeeber or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	E ET ADDRESS -ST-ZIP		☐ Delete	NAME	· · · · · · · · · · · · · · · · · · ·	BILLON