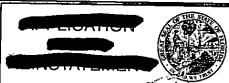
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

1. DOCUMENT # L01000003469

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SECRETARY OF STATE
TALEAHASSEE FLORIDA



7-5 Saytime Phone # 863 7928425

1757 Ind St DE				4. State/Country of Formation		
City, State, Zip Wir Her Haven, FL 33881				5. Date Organized or Qualified		
Principal Place of Business 3. New Principal Place			of Business Address 6. FEI N			
1753 2ND ST NE WINTER HAVEN FL 33881		1757 and STNE		<b>■</b> :		Not Applicable
		City, State, Zip Winter Howen, FL 33881		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status		
9 Name and Address of O				9. Name and Address of New Registered Agent		
CASEY, ALLAN L 395 AVE C NW WINTER HAVEN FL 33881			Name  Street Address (P.O. Box Number is Not Acceptable)			
			City	<u>,                                     </u>	FL	Zip Code
<b>10.</b> I, being Signature of Registered A	Agent	ove named limited liability company,	am familiar with and	d accept the oblig	pations of Chapter 608, F.S.  Date _/=6-6	13-
11. Names	and Street Addresses of Each Managing N					The second of th
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manage		or City / State / Zip		
MGRM	CALHOUN, LEANDER JR	1753 2ND ST I	1753 2ND ST NE		WINTERHAVEN FL 33881	
	) AA'		-			
	2005			200010029042 01/13/0301010001 **150.00		
	1000		<b>L</b>			
	VISK	V				
12 1 2					<u> </u>	
filing this all fees o as if mad	that I am managing member/manager or the reinstatement application the reason for di- owed by the limited liability company have be de under oath.	ne receiver or trustee empowered to ssolution has been eliminated, the lin een paid. The information indicated of	execute this applic nited liability compa on this application is	cation as provider ny name satisfies true and accurat	d for in chapter 608, F.S. I furt the requirements of section 60 e, and my signature shall have	her certify that when 18.406, F.S., and that the same legal effect

Typed or printed name of signing Managing Mombor/Manager

Signature of

Managing Member/Manager