

FILED
Apr 04, 2005 8:00 am
Secretary of State

DOCUMENT # L01000004696

Mailing Address
3825 HENDERSON BLVD
SUITE 207
TAMPA, FL 33629

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03092005 Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3708045

Zip	Country
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5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent

Name Robert J. Martin

Street Address (P.O. Box Number is Not Acceptable)
7282 55th Ave E

Suite 191

City	Bradenton, FL	FL	Zip Code	34203
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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.

Robert J. Martin, President

4.1.05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Make check payable to
Florida Department of State**

10. ADDITIONS/CHANGES

☐ Delete

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7282 55th Ave E, Suite 191
CITY-ST-ZIP	Bradenton, FL 34203

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Deleted
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STREET ADDRESS		
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TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Delete
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17. 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.

Robert J. Martin, Mgr

4.1-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone # _____