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2002	UNIFORM BUSI	)	FILED Jan 14, 2002 8:00 am								
DOCUMENT # L0100004822  1. Entity Name						Secretary of State 01-14-2002 90019 025 ****50.00					
FAST OI	IL & LUBE STORE 6, L.L.C.					01-14-2002	90019 025	****50.00	)		
Principal Place	e of Business										
1724 S.W. 44TH CAPE CORAL I		1724 S.W. 44TH ST. CAPE CORAL FL 33914				902176					
2. Principal Pl	3. Mailing Address	ailing Address									
Suite, Apt.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State	ا سا لد	City & State	City & State			4. FEI Number 31 - 1762931 Applied For Not Applicable					
Zip Country 134224 U.S. Q.		Zip Cour		itry	5. Certifi	5. Certificate of Status Desired 55.00 Additional Fee Required 56					
10100	6. Name and Address of Current	Registered Agent			7. Name	and Address of New					
шоі	DDV BICKV			Name		· · · · · · · · · · · · · · · · · · ·		<del></del>			
	.BDY, RICKY 4 S.W. 44TH ST.			Street Add	ress (P.O. Box N	umber is Not Accepta	able)				
CAP	E CORAL FL 33914								_		
				City			FL	Zip Code	}		
8. The above	named entity submits this statement fo	r the purpose of changing	g its register	ed office or re	egistered agent, o	or both, in the State of	f Florida.				
SIGNATURE .	RHULL	4)				1-6-02					
SIGNATORE -	Signature, typed or printed name of registered agent	<del></del>			required when reinstatin	ng)	DATE				
		Make Check	Payable 1	FEE IS \$50 to Departmay ay 1, 2002	1						
9.	MANAGING MEMBE		10.			ADDITIO	NS/CHANGES			=	
TITLE NAME	Hollan Ricky	☐ Delete	TITL NAM	1				☐ Change	Addition	3,0,	
STREET ADDRESS	1724 SW 44 m St. 33	أيد		EET ADDRESS (-ST-ZIP						8	
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TITLE		☐ Delete	TITL	-				☐ Change	☐ Addition		
name Street address			STR	EET ADDRESS							
CITY-ST-ZIP			CITY	/-ST-ZIP						1	

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.

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

SIGNATONEMEN

☐ Delete

☐ Delete

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1-6-02

941-540-6856

☐ Change

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Addition

☐ Addition