☐ Delete

TITLE

NAME

STREET ADDRESS

OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP 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 3

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

NAME

561-312-1724

☐ Change

Addition