P. Say

LIMITED LIABILITY COMPANY

FILED May 24, 2002 8:00 am Secretary of State

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a. The abov	e named entity submits this statement fo	r the purpose of chang	ing its registered	d office or ro	oca kat	on	FL	Zip Code 33431	\neg	
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ndicated on t mited liability	y that the information supplied with this fi his report is true and accurate and that r company or the receiver or trustee empo	ling does not quality	the exemption	stated in Sec	lion 119.07(3)	(i). Florida Statutes, i fu h; that I am a manaoind	Thos courts a			
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\$1G	NATURE AND TYPED OR PRINTED NAME OF SIGMIN	G MANAGING NEMBER, MAN	AGER, OR AUTHORIS	ZED REPRESENT	MATINE ATION	4/9/02	(561) 98	9-0300		
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