LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUI		_	Andrew () Comments					
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				all many	, SECRETARY : TALLAHASSEE	FLORID,	Ą	
	*** 東京 (本)			2				
	Place of Business	3. Mailing Address	<u> </u>	1	-		•	
1500 S Suite, Apt	SE 17th Street	Suite, Apt. #, etc.						
Bldg 6	500				DO NOT WRITE IN	THIS SPACE		_
City & Sta Ocala,		City & State			4. FEI Number 59-3728460	\Box	Applied For Not Applicable	ė
Zip	Country	Zip	Country		5. Certificate of Status Desired		Additional	7
34471	US DO NOT WRITE IN TH	IS SPACE	*73	- 7	. Name and Address of Current Reg	Fee Req	<u> </u>	\dashv
gr ·			Name Ala	n Ga	nssman	:		7
39			Street	Address	(PO Box Number is Not Acceptable) ourt St., Ste 102			1
			144	<u>J ((</u>	oute se., see 102	<u> </u>		1
			City		<u> </u>	Zip Co	ode	-
8 The above	e named entity submits this statement	for the purpose of changin	<u>Said Cle</u>	arwa	ater egistered agent, or both, in the State of	FL Zip Co		-
	of the obligations of registered agent.	ior the purpose of changin	ig na registereo o	illice or 1	egistered agent, or both, in the state of	· ionida. (am ie	minia with,	
SIGNATURE	Signature, typed or printed name of register	and annual and title if an alteralia		• 11 .	` 	DATE	<u> </u>	
	Signature, typed or printed name or register		FEE IS \$50.00	- 10:	*	DAIL		-
		Make Check Payabl	e to Florida D		ent of State			1,
9.	MANAGING MEMBERS	<u> </u>	DUE BY MAY 1				Ty street	4
TITLE	MGRM		TITLE "					CR2E083B (12/02)
NAME STREET ADDRESS	Kenneth Morse 9155 SW 19th Ave	niie	. NAME STREET ADDRESS		1000189		L	E E
CITY - ST - ZIP	Ocala, FL 34476		CITY - ST - ZIP		05/14/6301030-	-001 ***	0.00]88
TITLE NAME	MGRM John Brinsko		TITLE NAME			£ 111		CR2
STREET ADDRESS	3884 SE 23rd Cou	irt	STREET ADDRESS			у .		1
TITLE -	Ocala, FL 34480		CITY - ST - ZIP					-
NAME	Paul Logas	and the states of the states o	NAME	E PROBLEMAN		A Prince House		1
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TITLE	MGRM		TITLE ". " .			. 110 OF AC	<u> </u>	1
NAME STREET ADDRESS	Cheryl Hawk 919 SE 10th Aver		NAME STREET ADDRESS					
CITY - ST - ZIP	Ocala, FL 34471		CITY - ST - ZIP	<u>L</u>	A Comment of the Comm			
TITLE	MGRM		TITLE	3			27	
NAME STREET ADDRESS	Susan Kerns 1430 SW 43rd Pla	ice	NAME STREET ADDRESS			. "	and the second	
CITY - ST - ZIP	Ocala, FL 34474	· · · · · · · · · · · · · · · · ·	CITY - ST - ZIP				2	
TITLE Name		•	TITLE			* *	American Silgran	
STREET ADDRESS			STREET ADDRESS			این بیداده در ده این در این در این در		
11. I hereby ca	ertify that the information supplied with	this filing does not qualify	for the exemption	stated i	n Section 119.07(3)(i), Florida Statutes	I further certif	that the	4
informatio	n indicated on this report is true and a	curate and that my signati	ure shall have the	same le	egal effect as if made under path; that I	am a managing	g 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.								
SIGNAT	URE: V SIGNATURE AND TRANSPORTER	RINTED NAME OF SIGNING	MANAGING MEHO	FR MANA	IGER Date 2	<u>352-732</u>	<u>2-8955</u>	
<u></u>	SIGNATURE AND TYPED OR PLOR AUTHORIZED REPRESENT	ATIVE		-r, mare	AGER, Date D	aytime Phone #]
TF FL32519F.1	J						. —	