LIMITED LIABILITY COMPA UNIFORM BUSINESS REPORT	AND 21 21 21 31 4 7
DOCUMENT # L010000 1075	52 FILED
Lanark Market, LL	C 02 APR 19 PH 3: 23
DO NOT WRITE IN THIS SF	TALLAHASSEE, FLORIDA
2. Principal Place of Business GOF 3. Mailing Address	
Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State FL City & State	4. FEI Number Applied For Not Applicable
Zip 32322 Franklin Zip	Country 5. Certificate of Status Desired 55.00 Additional Fee Required
DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent Name Lewis & White L.C. Street Address (P.O. Box Number is Not Acceptable) 222 West Georgia St City Tallahassee FL Zig Code 30/
8. The above named entity submits this statement for the purpose of changing its r	registered office or registered agent, or both, in the State of Florida.
SIGNATURE	DATE
Make Check Pay	FEE IS \$50.00 nyable to Department of State DUE BY MAY 1
9. MANAGING MEMBERS/MANAGERS TITLE MGR A.B. HOPKINS NAME STREET ADDRESS CITY-ST-ZIP CANCEDE ILE FL 32322 TITLE	TITLE NAME STREET ADDRESS CITY-ST-ZIP 8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE
TITLE NAME STREET ADDRESS CITY - ST-ZIP	TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADORESS CITY-ST-ZIP	TITLE 1000053097712 NAME -04/22/0201003001 CITY-ST-ZP ******55.00
TITLÉ NAME STREET ADDRESS CITY- ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
11. I hereby certify that the information supplied with this filling 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. SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Phone #	