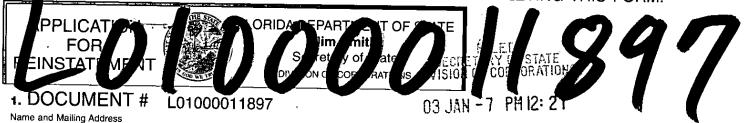
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



0009015 01 FP 0.352 \*\*PRSRT H9 0 0615 32092-151009 Infinitely Infi

LL/18

/2-3/- ロZDaytime Phone #\_



2 New Ma	illing Addross	Mark the company of t		_		The second of the second
2. New Mailing Address				4. State/Country of Formation		
City, State, Zip				FL		
SAME AS ABOUE				5. Date Organized or Qualified To Do Business in Florida  07/18/2001		
Principal Place of Business 3. New Principal Place of			f Business Address 6. FEI Numb		er	Applied For
8509 SHANE COURT ST AUGUSTINE FL 32092		N/A		1		Not Applicable
		City, State, Zip		7. CERTIFICATE OF STATUS DESIDED \$5.00 Additional Fee requir		11
		N/A		CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status		
	8. Name and Address of Current	9. Name and Address of New Registered Agent				
7FI	LNER, RYANNE	Name		•		
	9 SHANE COURT	Street Address (P.O. Box Number is Not Acceptable)				
ST /	AUGUSTINE FL 32092					
			City		F	Zip Code
10. I, being	appointed the registered agent of the ab	ove named limited liability compan	v am familiar with a	ad account the state	antions of Ohair and	
Signature of			y, am lamiliar with ai	io accept the obii	gations of Chapter 608, F.S.	
Registered A	gent	Zame / De	llner		Date	31-02
44 .:		GISPERED AGENT MUST SIGN				
	and Street Addresses of Each Managing	<del></del>		·		
Title(s)	Name of Managing Members/Managers	eet Address of Each ging Member/Manager City / S		ate / Zip		
MGRM	ZELLNER, RYANNE	8509 SHANE	COURT		ST AUGUSTINE FI	
					90000988 1/07/0301004	3 <b>7189</b> -002 **200.00
				·		
	. ,				· · · · · · · · · · · · · · · · · · ·	
					<del> </del>	
I2. I certify the filing this all fees on as if mad	nat I am managing member/manager or treinstatement application the reason for dwed by the limited liability company have le under oath.	he receiver or trustee empowered issolution has been eliminated, the been paid. The information indicated	to execute this appli limited liability compa d on this application i	ication as provide any name satisfies is true and accura	ed for in chapter 608, F.S. Its s the requirements of section te, and my signature shall ha	iurther certify that when 608.406, F.S., and that tve the same legal effect

Typed or printed name of signing Managing Managing

Managing Member/Manager