PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



1. DOCUMENT # L01000012345

Name and Mailing Address

Typed or printed name of signing Managing Member/Manager

03. JUN -2 AM 8: 00

SECRETARY OF STATE

0010667 01 FP 0,352 **PRSRT H9 0 0615 34787-212087 P.A. JOHNSTON, LLC 1087 DEPOT COURT WINTER GARDEN FL 34787-2120



			· ·~		-2002	200	3	
2. New Mailing Address					4. State/Country of Formation FL			
Principal Place of Business 3. New Principal Place of Business				6. FEI Number Applied For			Applied For	
1087 DEPOT COURT				/V.A			Not Applicable	
WINTER GARDEN FL 34787-2120		City, State, Zip		7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status				
				A Property of the second of th				
	8. Name and Address of Current F	Registered Agent	9. Name and Address of New Registered Agent Name					
:	INSTON, PAUL A							
135	9 LAKE FRANCIS DRIVE OPKA FL 32712-2119	Street Add		ress (P.O. Box Number is Not Acceptable)				
ו	OFRA FL 32712-2119							
			City	FL Zip Code				
Signature of Registered	Agent Taul A XSW	GISTERED AGENT MUST SIGN			Date	26-(23	
11. Names	s and Street Addresses of Each Managing	Member/Manager						
Title(s)	Name of Managing Members/Managers		Street Address of Each Managing Member/Manager		City / State / Zip			
Wanner .	Paul-A. Johnston 1987		Depet Court		Winter Garden FC 34787			
				40 01/30r	001754 08-01026-00	793, 35-**	<1 200.00	
	0803							
			8 .00		(ga		
filing th all fees	y that I am managing member/manager or his reinstatement application the reason for s owed by the limited liability company have hade under oath.	dissolution has been eliminated, th	e limited liability con	npany name satisfie	s the requirements of s	section 608.	.406, F.Š., and that	
Signature of Managing M	f Member/Manager Poul: AS	Dh.	Date	<u>-26-03</u> , 0:	aytime Phone#	57-87	7-7777	

A. Johnston