20 MIFORM BUSINESS REPORT (UBR)

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| Title | | | | | | | | | |
| 6. Name and Address of Current Registered Agent ASPROMONTI, DONNA 1349 - BRIVANAM ST. WEST PALM BEACH FL 33414 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent. or both, in the State of Florida. I am familiar with, and a time chilippations of registered agent and statement of the purpose of changing its registered office or registered agent. or both, in the State of Florida. I am familiar with, and a make Check Payable to Department of State Due By September 25, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 10. Change 0. AND MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 10. ADDITIONS/CHANGES 10. Change 0. AND MEMBERS/MANAGERS 10. Change 0. AND MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 10. Change 0. AND MEMBERS/MANAGERS 10. Change 0. AND | Applied For Not Applicable | / | 4. FE | City & State | | | City & State | | |
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| ASPROMONTI, DONNA 13481-BRIXHAM ST. WEST PALM BEACH FL 33414 City FL Zip Code | | 7. Name and Address of New Registered Agent | | | ered Agent | f Current Registe | ne and Address of C | 6. Name | |
| WEST PALM BEACH FL 33414 City FL Zip Code City | | | | NNA | | | | | |
| City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 1 am familiar with, and a the obligations of registered agent. SIGNATURE Signapus, byte or printed name of registered agent and the if applicable. (NOTE Registered Agent signature required when entestating) PILE NOW!!! FEE IS \$50,00 Make Check Payable to Department of State Due By September 25, 2002 9. MANAGING MEMBERS / MANAGERS TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS STREET ADDRESS | | . O. Box Number is Not Acceptable) | Street Address (P.O. Box | | | | | | |
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| 11. I hereby certify that the information supplied with this filing 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 ecciver or rustee expressed to execute this eport as required by Chapter 608, Florida Statutes. | Information ger of the | tion 119.07(3)(i), Florida Statutes. I further certify that the inforade under oath; that I am a managing member or manager of er 608, Florida Statutes. | ption stated in Section 11 legal effect as if made und required by Chapter 608, I | alify for the exer t have the same te this report as | ng does not qua y signature shalf wered to execute | pplied with this fill curate and that hy r of trustee en ipo | the information support is true and accur bany or the leceiver o | certify that the i on this repor ability compar | 11. I hereby of indicated limited liab |
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| SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF JUNIOR MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DISC Dayling Phone # | | TTATIVE Date Daytime Phone # | UTHORIZED REPRESENTATIVE | BER, MANAGER, OR | G MANAGING MEMBI | TED NAME OF SIGNIN | RE AND TYPED ON PRINTER | FURE: _ | SIGNAT |