1. DOCUMENT # L01000018169

Typed or printed name of signing Managing Member/Manager

Name and Mailing Address

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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2. New Mailing Address  Chy, State, Zip			4. State/Country of Formation  FL  5. Date Organized or Qualified  To Do Business in Florida  10/19/2001		
SARASOTA FL 34239	City, State, Zip		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
EDWARD LYNCH, JAMES 2256 TEMPLE STREET SARASOTA FL 34239		Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code			
10. I, being appointed the registered agent of the a Signature of Registered Agent	bove named limited lability compan	y, am familiar with a	and accept the obligation	ns of Chapter 608, F.S.	03
11. Names 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	
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12. I certify that I am managing member/manager of filing this reinstatement application the reason for all fees owed by the limited liability company has as if made under oath.  Signature of Managing Member/Manager	r dissolution has been eliminated, th	e limited liability con ed on this application	mpany name satisfies the	e requirements of section (	608.406, F.S., and that re the same legal effect