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. Lhereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(). Eloride Statutes I further estibutes the information	Y-ST-ZIP			CITY-ST-ZIP		
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.	indicated	on this report is true and accurate a	and that my signature shall hav	e the same legal effect as i	f made under oath; that I am a managing member	y that the information or manager of the