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C	FLE SE EAD  ED LIABILITY COMPANY ISTATEMENT		A DEPARTMENT OF Secretary of State VISION OF CORPORATION	9	36		_ED	•••	
DOCUMENT # L_01000019389  1. Limited Liability Company's Name					2003 SEP 1 8 AM 12: 34  DIVILION OF CORPORATIONS FALLAHASSEE, FLORIDA				
K	AZMAIER HOI.	d ings	LLC						
2. Principa	I Office Address	3. Mailing	Office Address						
1600		158	~ ~ · · ·	3 .0.					
נפפו	E. Silver Star Rd.				ntry of Formation			ĺ	
Suite, Apt. i		Suite, Apt. #	t, etc.		<u> </u>	locida			
Suit	e 247	he 247			nized or Qualified iness in Florida	11-1-		ĺ	
City & State					- Torida	110110	2001		
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347	Lel USA	3471	le ( ) Wi	574	CERTIFICATI	E OF STATUS DESIRED [	tor a Certifica	te of Status	l
8. Name and Address of Current Registered Agent									
Mar no	Robert	) <u> </u>	1-1				•		
rtsoutjuk j	**Street Address (P.O. Box Number is Not Acceptable)								
giú estis t	115 112+6 Aug NIF					8/0301036-	-001 **20	id.oo 🕺	
17 <b>4</b> .	g Suite; Apt. # <sub>c</sub> Etc.	HAG"	IV C			an aran arangan	001 1000	, (.1) ')	
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J. Deing	appointed the registered agent of the above	e named limite	ed liability company, am fa	miliar with and a	ccept the obligat	tions of Chapter 608, F.	. <b>s</b> .	,	ĕ
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Registered /		CICTODED	SENT MUST GION			Date	1-03		CRZE
	RE	SISTERED AC	GENT MUST SIGN				-	·	Ç
IO. Name	s and Street Addresses of Managing Mem	bers/Managen	s`						
Titles	Name of		Street /	Address of Each				7	
	Managing Members/Manage	rs	Managing	Member/ Manag	er	Ci	ty / State / Zip		
160.	I <i>)</i> .				_	17			
16RM	James Kazmaier		3425 Cm	5KeAT	ree Da	Mason	,DH 4	5040 L	
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THE LOBINITY	that I am managing member/manager or i	ine receiver or	r trustee empowered to ex	ecute this applic	ation as provide	d for in chanter 608 · F	S. I further certify th	of whon	

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter, 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608,406; F.S., and that all fees owed by the limited liability company have been paid, he information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of

Date 9-12-03

Daytime Phone # 407-684-889 4

Typed or printed name of signing Managing Member/Manager \_

Kazmaier