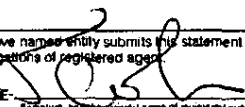
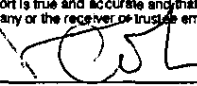


FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90899 015 *****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000020616			
1. Entity Name AFA HOLDING, LLC			
Principal Place of Business 2013 TWINBRIDGE CT. OCALA, FL 34471		Mailing Address 705 WEST AZELLE STREET TAMPA, FL 33606	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 80-0031737		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COHN, VANESSA N ESQ. 705 WEST AZELLE ST. TAMPA, FL 33606		7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 1110 N. Florida Ave. City Tampa FL Zip Code 33602	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		DATE: 4-10-03	
NOTE: Registered Agent required when resigning.			
FILE NOW! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MANAGERS			
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
☐ Delete	DE TORRES, FERNANDO	705 WEST AZELLE STREET	TAMPA, FL 33606
☐ Delete			
☐ Delete			
☐ Delete			
☐ Delete			
☐ Delete			
☐ Delete			
10. ADDITIONS/CHANGES			
☒ Change	☐ Addition		
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
☒ Change	☐ Addition		
☐ Change	☐ Addition		
☐ Change	☐ Addition		
☐ Change	☐ Addition		
☐ Change	☐ Addition		
☐ Change	☐ Addition		
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 receiver or trustee empowered to execute this report as required by Chapter 60B, Florida Statutes.			
SIGNATURE: 		DATE: 4-10-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

CR2003 (10/02)

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