LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

L0100Q021513

DÖCUMENT#

1. Entity Name

FILED Apr 30, 2002 8:00 am Secretary of State 04-30-2002 90007 004 ****50.00

MJV,/L	LC	V					
DO NOT WRITE IN THIS SPACE					945947		
Suite, Apt.	myers FL	Suite Apt. # 2503 Suite 203 City & State Fort Myors Zip 33908 RITE ACE	Street Address 200	4. FEI NI CO 5. Certifi 7. Name a COMAN S (P.O-Box Ni COMAN THANY	cate of Status Desired nd Address of Current Registe T - Cost Clo umber is Not Acceptable) Professional Co	Applied For Not Applicable \$5.00 Additional Fee Required	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FEE IS \$50.00					DATE		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MEMBER MANAGING MEMBER MEMB		TITLE NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WR	CR2E083B (12/01)	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby	certify that the information supplied with	this filing does not qualify for th	TIFLE NAME STREET ADDRESS CITY-ST-ZIP THE exemption stated in	Section 119.0	7(3)(i), Florida Statutes. I further	certify that the information	

indicated on this report is true and a limited liability company or the rece pod to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Daytime Phone #