A LIMITED LIABILITY COMPANY

FILED May 12, 2002 8:00 am Secretary of State

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DOCUMENT # L D I O 1. Entity Name TVY E L	000 224	80	-	00589 003 ****50.00
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DO NOT WRITE IN THIS SPACE			957898	
	5. Welling Address			
Suite, Apt. #, etc. # - 10 6	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
FORT Lauderdale FL	City & State		4. FEI Number	Applied For Not Applicable
^{zip} 33351 Country 4	Zip Coun	try	5. Certificate of Status Desired	\$5.00 Additional Fee Required
	。1913年中国的1915年,1914年	. 7	7. Name and Address of Current Regis	tered Agent
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DO NOT WR	own restriction and the best of the first of the latest terms of t	Street Address (P	P.O. Box Number is Not Acceptable)	
	UE AND	4300	N. VNIVERSITY	DRIVE
		.City		FL Zip Code
8. The above named entity submits this statement for the	purpose of changing its registere	d office or registere	of applit or both in the State of Florida	TL 3335
SIGNATURE			o ogosta os odas, in tila otate of Florida.	ſ
Signature, typed or printed name of registered agent and title	e if applicable.	William St. San Long Co. San Co.	. ' Da	ATE
	FEE IS Make Check Payable to DUE BY	Department of	State	
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 I hereby certify that the information supplied with this fil indicated on this report is true and accorded and that m 	ing does not qualify for the exemp	ntion stated in Section	on 119.07(3)(i), Florida Statutes, I further	certify that the information

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE