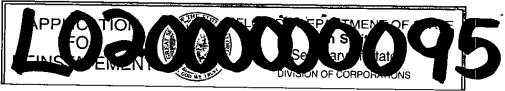
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



1. DOCUMENT # L02000000095

Name and Mailing Address

2. New Mailing Address

Managing Member/Manager

Signature of

0000773 01 FP 0.352 \*\*PRSRT T3 0 0615 32804-344889 البطياط الماطيان الماطيط الماطيط المساطيط المساطيط P & D PROPERTIES, LLC 89 INTERLAKEN DR. ORLANDO FL 32804-3448

FILED

02 NOV -6 PM 14: 20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

4. State/Country of Formation



rol Circle Drive					∥ FL		
	Zip itland, Florida 32	2751		5 - Date Orga	anized or Qualified	12/26/2001	
Principal Place of Business 3. 1		3. New Principal Place of Business Address 6		6. FEI Numi	6. FEI Number		
89 INTERLAKEN DR. 1 ORLANDO FL 32804		181 Circle Drive		41	60-0002144		
		City, State, Zip		<u> </u>	7. Not Applicable		
		Maitland; FL 32751		CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status			
	8. Name and Address of Current I	Registered Agent	ent 9. Name and		Address of New Registered Agent		
RE	(, WALTER A	-	Name				
89 I	NTERLAKEN DR.		Street Address (P.O. B		(P.O. Box Number is Not Acceptable) ircle Drive		
ORI	-ANDO FL 32804						
		/	City Maitl	and	FL	7 <sub>ip Code</sub> 3 2 7 5 1	
O. I, beir	ng appointed the registered agent of the ab	ove named limited liability compa	any am familiar with	and coppet the abl	in North Charles	1 32 7 3 1	
Signature o	f 1/ / ///	and the same of the same	ury, am laminar with a	and accept the obi	igations of Chapter 608, F.S.		
Registered	10 -1-17-	SISTERED AGENT MUST SIGN			Date10/28/0	2	
1. Name:	s and Street Addresses of Each Managing			<del></del>		<del>- ==</del>	
Title(s)	Name of Managing Members/Managers		Street Address of Eac maging Member/Mana				
M	Walter A. Rex	181 Ci	rcle Dr.		Maitland, FI	32751	
М	Margret B. Rex	181 Ci	rcle Dr.		Maitland, FI	32751	
					000883343  0201038003 *		
			·	.aryina Ngu vi i	  01036003 *	*155.00	
		CTATESSA					
ı	i i mai di k	SIMILWEN	7	-6772			
		1					
2. I certify filing this all fees as if ma	that I am managing member may ager of the seinstatement application the season for did owed by the limited liability company have to the under oath.	he receiver or trustee empowere ssolution has been eliminated, th seen raid. The infirmation indicat	ed to execute this applied limited liability completed on this application	plication as provid pany name satisfie n is true and accura	ed for in chapter 608, F.S. I furt is the requirements of section 60 ate, and my signature shall have	her certify that when 08.406, F.S., and that the same legal effect	

Rex

Walter