2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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SALFI, DOMINICK J 999 DOUGLAS AVENUE, SUITE 3333 ALTAMONTE SPRINGS F1 32714 City FL Zp Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and except the obligations of registered agent, or both, in the State of Florida. I am familiar with, and except the obligations of registered agent, or both, in the State of Florida. I am familiar with, and except the obligations of registered agent, or both, in the State of Florida. I am familiar with, and except the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due by May 1, 2003 9. MANAGING MEMBERS MANAGERS OIT ST. 29 171 7 De Lancy Avenue Or Lando, FL 328084 Debte NME SIRRET ADDRESS OIT ST. 29 171 7 De Lancy Avenue Or Lando, FL 328084 Debte NME SIRRET ADDRESS OIT ST. 29 TITLE NAME SIRRET ADDRESS OIT ST. 29 TITLE SIRRET ADDRESS OIT ST. 29 TITLE SIRRET ADDRESS OIT ST. 29 TITLE SIRRET ADDRESS OIT ST.	City & State		City & State			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					7
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Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 farm liker with, and accept the obligations of registered agent. SIGNATURE Signature yord if present name of registered agent accepts the obligations of registered agent. SIGNATURE Signature yord if present name of registered agent accepts the obligations of registered agent, or both, in the State of Florida. I am farm liker with, and accept the obligations of registered agent, or both, in the State of Florida. I am farm liker with, and accept the obligations of registered agent, or both, in the State of Florida. I am farm liker with, and accept the obligations of registered agent, or both, in the State of Florida. I am farm liker with, and accept the obligations of registered agent, or both, in the State of Florida. I am farm liker with, and accept the obligations of registered agent, or both, in the State of Florida. I am farm liker with, and accept the obligations of registered agent, or both, in the State of Florida. I am farm liker with, and accept the like of Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS / MANAGERS 110. ADDITIONS / CHANGES					Name						1
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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 empowared to execute this report as required by Chapter 608, Florida Statutes.	CITY-ST-ZIP										
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