AMENDED 2003 LIMITED LIABILITY COMPANY HNIEGRM RUSINESS REDORT (HRR)

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1. Entity Nam	PPRISE LLC					DM 20 L.C				
SEO EIVIE	. The Let				SEP -9	PM 2: 46				
Principal Place	e of Business	Mailing Address		Divisio	T OF DO	RPORATIONS				
1100 HEMLOCK	· - · · ·	1100 HEMLOCK ST. NEW SMYRNA BEACH FL 321	co	TALL	AHASSEI	E, FLORIDA				
NEW SMITHNA	BEACH FL 32169	NEW SMITHON BEACH IE 321	103		I I I I I I I I I I I I I I I I I I I	Irin 614 Print Hibil Grins Bris	1 <b>66</b> 61 <b>68</b> 41 <b>68</b> 121 46	Li <b>n asin</b> i s	1811 <b>32</b> 11 13 <b>6</b> 1	
Principal Place of Business     3. Malling Address					- :: - <b>-      </b>					
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Suite, Apt.					CHECK HERE	CHECK HERE IF MAKING CHANGES				
City & State	Drange FL	Port Drange	F	-L	4. FEI Nun	-00204°	74	<del></del>	oplied For ot Applicable	-
3212	Country USA		Coun	try A		ite of Status Desired	□ \$5.	00 Ad	ditional	1
2010	6. Name and Address of Current F	32127	_U	> M	1 :	nd Address of New F	F88	Require	<del>.</del>	┦
CUM	IMINS, JOSEPH P		Name	seph	Cumm				1	
1100 HEMLOCK ST.				Street Address	(P.O. Box Num	ber is Not Acceptable				1
NEW	SMYRNA BEACH FL 32169			10/0/6	Menu	vale Ln	<u> </u>		··· <del>·</del>	1
				City Port	<b>^</b>		FL	Zip Cod	34	1
8. The above	named entity submits this statement for	the purpose of changing its re	gistere		red agent, or t	oth, in the State of Flo	orida. i am famili	ar with,		1
the obligations of registered agent.										
SIGNATURE Signaturer type-doir printed/frame of registered again and title if applicable. (NOTE: Registered Agant alignature required when reinstating)  DATE										
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State										
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9.	MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS/	CHANGES			1_
TITLE MYGRIM	Joseph Cummin	Delete	TITLE NAME					Change	Addition	4/03)
STREET ADDRESS	6616 Merry vale L	n	STRE	ET ADDRESS						83
	fort orange F1	37128 Delete	TITLE	ST-ZIP	<del></del>			Change	Addition	CR2E083 (4/03)
NAME	Lorraine Cummi	ا د د	NAME				<u>.</u>	viraliye	Addition	ľ
STREET ADDRESS CITY-ST-ZIP	6616 Merryvak 1 Port Orange FI	32128		ET ADDRESS ST-ZIP	•				. (	
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11. I hereby ce	ertify that the information supplied with the	is filing does not qualify for the	n nyen	ST-ZIP .	ction 119.07/2	Vi) Florida Statutos I	further continue	at the ter		:
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 608. Florida Statutes.										
O CICCIATURE DECLUDED										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGINO MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Depring Promy &										
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