## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000011465



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Surio, Apt. #, etc.    Surio, Apt. #, etc.	2. Principal F	Place of Business	3 Mailing Address				
City & State   Flagler Beach, FL   Flagler Beach, FL   Flagler Beach, FL   State   Flagler Beach, FL   State	124 N. Palmetto Avenue			0.1201 632	]		
Plagler Beach, FL   Flagler Beach, FL   32136   Country   32136   Country   32136   Country   32136   Country   32136   Country   5.00 Additional Page Regulated   Flagler Beach, FL   State of States Decired   5.00 Additional Page Regulated   Flagler Beach, FL   Fl	Suite, Apt.	.#, etc.	Suite, Apt. #, ětc.	·	DO NOT WRITE IN THIS SPACE		
32136 US 32136 US 5. Certificate Status Desired   Face Required    The Require			City & State Flagler Beach, FL		4. FEI Number 02-06-/0757	<del></del>	
Name   Scott E. Johnson, Esq.	<sup>Zip</sup> 32136						
Street Address (P.O. Box Number is Not Acceptable)  IN THIS SPACE  III N. Orange Avenue, Suite 1200  City Orlando  FL				<del></del>	Agent		
IN THIS SPACE  III N. Orange Avenue, Suite 1200  Oity Orlando  FL 20 code 32801  Oity Orlando  FL 20 code 32801  Signarus toesto prime rums of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Florida Department of State of Florida. I am familiar with, and accept the obligations of Florida Department of State of Florida. I am familiar with, and accept the obligations of Florida Department of State of Florida Department of State of Florida Department of State o	DO NOT WRITE				· · · · · · · · · · · · · · · · · · ·		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Stute of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature Novel or purise name of our submits from a large statement of the sequence of the obligations of registered agent.  Make Check Payable to Florida Department of \$1000 1 7559161  Make Check Payable to Florida Department of \$2790 1000 -010 **50.00  9. MANAGING MEMBERS /MANAGERS  TITLE NAME SIRRET MORESS OITY-ST-2P  TOTAL NAME SIRRET MORESS OITY-ST-2P  TITLE NAME SIRRET MORESS OITY-ST-2P  TOTAL NAME SIRRET MORESS OITY-ST-2P  TITLE NAME SIRRET MORESS OITY-ST-2P  TOTAL NA					T.O. Box Number is Not Acceptable)		
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	11. I hereby o	certify that the information supplied will	this filing does not qualif	y for the exemption stated in Se	ection 119.07(3)(i), Florida Statutes. I further certi	fy that the information	

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

SIGNATURE: \_\_\_\_\_

John Thall, Managing Member