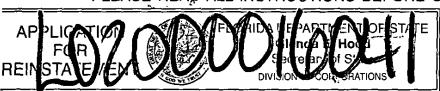
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



1. DOCUMENT #

L02000016041

Name and Mailing Address

Managing Member/Manage

Typed or printed name of signing Managing Member/Manager

APPROVEL AND FILED

03 NOV 25 PH 12: 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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New Mailing Address  City, State, Zip			4. State/Country of Formation FL  5. Date Organized or Qualified To Do Business in Florida		
EARLOOTE SOTTS	City, State, Zip		7. CERTIFICATE OF STATUS DESIRED   \$5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current		Name and Address of New Registered Agent			
JARAGOSKE, RICHARD 12360 66TH STREET NORTH, SUITE G LARGO FL 33773		Name   Street Address (P.O. Box Number is Not Acceptable)     Street Address (P.O. Box Number is Not Acceptable)			
		City FL Zip Code			Zip Code
10. I, being appointed registered agent of the all Signature of Registered Agent	1 . 1 /	ny, am familiar with	and accept the oblig	Date	3
11. Names and Street Addresses of Each Manag	<del></del>	<del></del>	<del></del>	<del></del>	<del></del>
Title(s) Name of Managing Members/Managers			ach nager	City / State / Zip	
Pres George J. Frey	13855	Lake H.D	)r	Ucarnates, FC	33762
1. hrs Richard Jaragos	Le 2849	13855 Lave N.Dr 2849-La Concha Dr		Ucaiwatei, FC Cleaiwatei, FC	33762
				·	
		·			
I certify that I am managing member/manager or filling this reinstatement application the reason for all fees owed by the limited liability company have as it made under oath.	dissolution has been eliminated. tl	he limited liability co.	mpany name satisfie	s the requirements of section 605	MAR ES and that

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