## **FILED**

## Aug 27, 2003 8:00 am Secretary of State

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1. Entity Na	JMENT # LO20000 ORXPRESS DEVELOPMENT I				08-14-20	03 90046 005 **	**55.00	
Principal Pla	ice of Business	Mailing Address			~	nEENŸ9		
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	10001 - 1101111111111111111111111111111		7-d northcross drive Tersville NC 28078		₹ -	F		
Lifter Eugerfft	E NC 20076	HOMICHOPILLE IN COM	•	) _				
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	Place of Business Bir Kdale Commins PK	3. Mailing Address	le Commun	2 Prave				
Suite, Apt. #, etc. Suite, Apt. #, etc.			210		CHECK HERE IF MAKING CHANGES			
City & Sta	ole -	Çity & State	<u></u>	4. FE I	lumber		pplied For	7
Hur	Hersville NC	Hunters	ville	NC 5	<u>-20658</u>	80	lot Applicable	1
250	NE COUNTY	38078	Country	5. Certi	ficate of Status Desired	\$5.00 Ae Fee Requir		1
	6. Name and Address of Current	t Registered Agent		7. Nam	e and Address of New I	Registered Agent		]
المراج الماسية	الرحائيات عرب والتعليب باما الدعائد والتع		-Name	Tise	A Shor	-C-PD		
	OR, JOEL A CPA		Street		umber is Not Acceptable	ST CI II		
	4 ST. ANNES PLACE		عادة المسادر	1 30 R		<u></u>		
DOI.	CA RATON FL 33496			·	d.			7
	•		City			Zin Co	do 1	┨
	t .		Cuy/	De ray	Beach	FL   📆 🥞	446	
	e named entity submits this statement for	or the purpose of changing its re	egistered office o	or registered agen	or both, in the State of Fi	orida. I am familiar with	and accept	1
the obliga	ations of registered agent.				أنجأ			1
SIGNATURE								
	Signature, typod or printed name of registered agent	t and title if applicable. (NOTE: I	Registered Agent signs	iture required when reinstati	ng)	CATE		-
		FILE NOV	WIII FEE IS	50.00	•			İ
Make Check Payable			to Fiorida De	partment of Sta	e			1
-	•	Due By S	eptember 24,	2003	<b>j</b>			1
9.	MANAGING MEMBE	ERS/MANAGERS	10.		ADDITIONS	/CHANGES		1
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11. I hereby certify that the information supplied with this filling 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.

E OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE