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20	005 LIMITED LIA REINSTA	OS FED. L. E.D.					
	MENT # L02000021	1 60 25					
Entity Name BUILDER REVENUE OF FLORIDA, LLC					ECRETARY OF STATE LAHASSEE, FLORIDA	9	
		७५		THASSEE, FISTATE			
Principal Place of Business Mailing Address				-	1 LURIDA	1	
		225 MILLBURN AVENUE Millburn, nj. 07041	., SUITE 210	n	K /		
2. Principal Place of Business		3. Malling Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01262005 REIN-LLC	CR2E101 (6/04)	
City & State		City & State			4. FEI Number 71-0900449	<u> </u>	plied For Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired	□ \$5.00 Add	itional
	6. Name and Address of Current F	l Registered Agent	Name		7. Name and Address of New Ro	Fee Required	1
CORPORATION COMPANY OF MIAMI						t	
C/O DAVID B. MCCREA 201 S. BISCAYNE BLVD., SUITE 1500(DBM)			Street	Street Address (P.O. Box Number is Not Acceptable)			
MIAMI, FL		ым <i>)</i>					
			City	<u> </u>			
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 familiar with, and accept the obligations of registered agent.							
SIGNATURE							
Signature, typed or printed name of registered agent and title if epolicable. (NOTE: Registered Agent algorithm required when relinatating) DATE OUT OF THE SIGNATURE REQUIRED WHEN RELIABILITY REPORTS AND ADMINISTRATION OF THE RESIDENCE							
FILE NOW!!! FEE IS \$200.00					Make Florida	e check payable to was Department of State	
9.	MANAGING MEMBER	DC/MANAGERS	10.				
TITLE	MGRM	Delete	TITLE	T	, and the state of	☐ Change	☐ Addition
NAME STREET ADDRESS	BUILDER REVENUE, INC. 225 MILLBURN AVENUE, SUITE	210	NAME Street address	;			
CITY-ST-ZIP	MILLBURN, NJ 07041		CITY-ST-ZIP	0			W
TITLE NAME		☐ Detete	TITLE NAME		an M. Stolar.	☐ Change	Addition
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		an M. Stalar 5 Mill burn Acc. 211 burn NJ 07 mil	Suite 210	
TILE		☐ Delete	TITLE	177	allburn NJ 07041	☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME	•	☐ Delete	TITLE		'R DP LIPP -	Change	☐ Addition -
STREET ADDRESS		M	CITY-ST-ZIP	引足	:MEMI TOOA	-2005	
CITY-ST-ZIP	,	☐ Delete	TITLE	+	(☐ Change	Addition
NAME			NAME STREET ADDRESS	,	400047		d.
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		03/02/05010	09015 **2	200.00
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition .
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZP	certify that the information supplied with	this filing does not qualify for	CITY-ST-ZIP	ated in Se	iction 119.07(3)(i), Florida Statutes. I	further certify that the in	formation
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 cath; 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.							
John M Stales Rais no 611 - 1/1/25 077- 370 1000							
SIGNATURE: Drive M. Stolar Brian M. Stolar 2(1) 05 973-379-1900 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Despring Prove II							