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	 001

1. Entity Name

VOLPE SPA, LLC

			GOO WE THE	O3 OCT 13 AM 10: 17		
Principal Plac	e of Business	Mailing Address				
P.O. BOX 19979		P.O. BOX 19979		SECRETARY OF SHALL		
SARASOTA FL	34276	SARASOTA FL 34276	4	SECRETARY OF STAFL TALLAHASSEERFLORIDA		
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2. Principal P	Place of Business	3. Mailing Address				
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Suite, Apt. #, etc. Suite, Apt. #, etc.		· -	CHECK HERE IF MAKING CHANGES			
			_			
City & State		City & State		4. FEI Number //- 3650279 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired S5.00 Additional		
****	6 Name and Address of Curn	ent Registered Agent		7. Name and Address of New Registered Agent		
6. Name and Address of Current Registered Agent			Name	r, realing and Address of New Hegisterica Agent		
	SON, GARY					
	SARASOTA QUAY		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
SAR	ASOTA FL 34236					
			City	FL Zip Code		
8. The above	named entity submits this statemer	nt for the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept		
the obligat	ions of registered agent.					
SIGNATURE .						
	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE	: Registered Agent signature require	ed when reinstating) DATE		
		FILE NO	W!!! FEE IS \$50.00			
			e to Florida Departme	ent of State		
		Due By	September 24, 2003	√.		
9.		MBERS/MANAGERS	10.	ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	DONSON, GARY		NAME			
STREET ADDRESS CITY-ST-ZIP \	P.O. BOX 19979 SARASOTA FL 34276		STREET ADDRESS CITY-ST-ZIP			
	MGRM					
TITLE NAME	VOLPE, MAUREEN	☐ Delete	TITLE NAME	1 0/13/131 10094 - 121 Change Addition 10/13/131 10094 150 100		
STREET ADDRESS	P.O. BOX 19979		STREET ADDRESS	10% KON KO COOST TOO STATEMENT		
CITY-ST-ZIP	SARASOTA FL 34276		CITY-ST-ZIP			
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CITY-\$T-ZIP			CITY-ST-ZIP			
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NAME			NAME			
STREET ADDRESS		•	STREET ADDRESS			
CITY-ST-ZIP		<u>_</u>	CITY-ST-ZIP	NOTATION AND AND		
TITLE		☐ Delete	TITLE III	STATEN 200 Basemon		
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE	· · · · · · · · · · · · · · · · · · ·	□ Delete	TITLE	☐ Change ☐ Addition		
NAME	•	LI Delete	NAME	Change Mullion		
STREET ADDRESS	 -		STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
11 I hereby o	partify that the information cumplied	with this filing does not qualify for	the examption stated in Sa	cotion 119 07(9Vi). Florida Statutos, I further certify that the information		

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 informatic 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

941362 2055 Daytime Phone #