## FILED Apr 28, 2003 8:00 am Secretary of State

## LIMITED LIABILITY COMPANY

DO NOT WRITE IN THIS SPACE  2. Proposition from 5 painters  1810 M Sentoran BUD  3. Mallor Agencian BUD  3. Courtey  2. Sun Age 4 one  1810 M Sentoran BUD  3. Courtey  2. Sun Age 4 one  1810 M Sentoran BUD  3. Courtey  2. Sun Age 4 one  1810 M Sentoran BUD  4. Courtey  2. Sun Age 4 one  1810 M Sentoran BUD  5. Courtey  2. Sun Age 4 one  1810 M Sentoran BUD  1810 M Sento	UNIFORM BUSIN	ESS REPORT	(UBR)	04-28-200	3 91001 024 ****50.00
DO NOT WRITE IN THIS SPACE  2. Principle Place of Statements 1810 N Sentor an Blup   3. Mailing Againess 1810	1. Entity Name	17460000	4		30.00
DO NOT WRITE IN THIS SPACE  2. Principal Place of Business  1. Medic Apdress  Suce Act & see  Lute, Act & sic.  Control West In This SPACE  Lute, Act & sic.  Control West In This SPACE  Lute, Act & sic.  Control West In This SPACE  Lute, Act & sic.  Control West In This SPACE  Lute, Act & sic.  Control West In This SPACE  Lute, Act & sic.  Control West In This SPACE  Lute, Act & sic.  Lu	KIIOM LLC			3008	2877
2. Proposit Place of Suriness  1810 N Seption Town 1810 N Seption BUND  Surin, April 4, 105.  Surin, April 4,		William Control			WO ! !
Silve April 4 for Some Application   Silve April 4 for Some Application   Silve April 4 for Some Application   Silve April 4 for Application   Silve April 4 for Application   Silve April 4 for Application   Silve Application	DO NOT WRITE		ACE		
DO NOT WRITE IN THIS SPACE    Country	1810 N Semoran Blui	10 N Semoran BLUD 1810 N Semoran BLUD		DO NOT WRITE IN THIS SPACE	
SIGNATURES  Country  Ting 2792  Country  S. Certificate of Status Desired  \$5.00 Accidental For Required  \$5.00 Accidental For Required  To Required	City & State Park 11		ack 71		2/\\\ \ <del> </del>
To Normal and Address of Current Registared Agent Name Taring Mail K Street Address (FO_Back Number is Not Acceptable)  BLO  City Winner Rack FL Zinggle 9-3  8. The above names polity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Fordia, I am fairwise with, and accept the the children's propose or propose of the purpose of changing its registered agent, or both, in the State of Fordia, I am fairwise with, and accept the the children's propose or propose or the state of Fordia Department of Battle  SIGNATURE  The above names polity submits the statement for the purpose of changing its registered agent, or both, in the State of Fordia, I am fairwise with, and accept the the state of Fordia Department of Battle  Proposed Payable for Fordia Department of Battle  DUE DY.MAY.  FEE. IS \$50.00  Make Check Payable for Fordia Department of Battle  DUE DY.MAY.  FEE. IS \$50.00  Make Check Payable for Fordia Department of Battle  DUE DY.MAY.  FEE. IS \$50.00  Make Check Payable for Fordia Department of Battle  DUE DY.MAY.  FEE. IS \$50.00  Make Check Payable for Fordia Department of Battle  DUE DY.MAY.  FEE. IS \$50.00  Make Check Payable for Fordia Department of Battle  DUE DY.MAY.  FEE. IS \$50.00  Make Check Payable for Fordia Department of Battle  DUE DY.MAY.  FEE. IS \$50.00  Make Check Payable for Fordia Department of Battle  MAKE  STREET ADDRESS  DUT \$1.00  TO \$1	Zip Country	719.4			\$5.00 Addisonal
Name Taria Malik Street Address IP O Jax Nighter is Not Acceptable)  But This space  In this space  In the above named prity submits the seament 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, 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 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 State of Florida, I am familiar with and accept the accept the part accept the state of Florida State of Flo	32192	<u> </u>	, , ,	- ***	Fee Required
SIGNATURE   Several Astronomy   Several Policy   Several				ia Malik	
E. The above named printy submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the children's representations the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the children's representations.    SIGNATURB	토리교회 하다 그 그는 그 회사교회에 가는 그 그 작은 다양 바람이다.	and the first of the control of the	Street Address	(P.O. Box Number is Not Acceptable	(e) 131.15
8. The above named antity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida, I am familiar with, and accept the chitiquitors registered agent, or both, in the State of Florida Department of State    1	IN THIS SF	PACE O	1810	N DEMOTAN	_ 000
8. The above named antity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, I am familiar with, and accept the chitigators registered agent, or both, in the State of Florida Department of State    1			City	Dev	FI Zip Code a: 2
SIGNATURE	8. The above named entity submits this statement to	or the purpose of changing its re	egistered office or register	red agent, or both, in the State of FI	
### PRES IS \$ \$0.00    Make Check Payable to Florida Department of State	SIGNATURE	and title if applicable.			4-24-03
9. MANAGING MEMBERS / MANAGERS  TILE  NAME  TOT OF MAN SEMECTAN BLUD  STREET ADDRESS  CITY-ST-2P  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  DO NOT WRITE  IN THIS SPACE  THE ADDRESS  CITY-ST-2P  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  DO NOT WRITE  IN THIS SPACE  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  DO NOT WRITE  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  DO N	:	FI CONTRACTOR FI		reneralen 1907 - Landen	
9. MANAGING MEMBERS /MANAGERS  TILE NAME STREET ADDRESS 1310 N Seworan 8 LVD OTY-ST-2P  TILE NAME STREET ADDRESS CITY-ST-2P  TILE NAME STREET ADDRESS CITY-ST-2	:		Control of the Contro	nt of State	
SIRET ADDRESS OTY-ST-ZIP  TITLE NAME STREET ADDRESS OTY-ST-ZIP  STREET ADDRESS OTY-ST-ZIP  TITLE NAME STREET ADDRESS OTY-ST-ZIP  STREET	9. MANAGING MEMBE	The state of the s			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET	• _		· 图 · 图 · 图 · 图 · 图 · 图 · 图 · 图 · 图 · 图		2/02)
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CIT	INTION MAIN	LUD	STREET ADDRESS		38 (1
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CIT		32792 .			E08.
CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TIT			<ul><li>(1) (1) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2</li></ul>		CE CE
TITLE NAME STREET ADDRESS CITY-ST-ZIP  STREET ADDRE					
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CIT	<del></del>		and the second s		
CITY-ST-ZIP  CITY-ST-ZIP  ITTLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREE	•		3		
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRES			<ul> <li>[1] J. M. M.</li></ul>	DO NOT	WRITE
STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  1.1 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 oath; that I am a managing member or manager of the limited liability company or the receiver or trustee emptywered to execute this report as required by Chapter 608, Florida Statutes.  SIGNATURE N  4-74-03	l l			IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  1.1 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 oath; that I am a managing member or manager of the limited liability company or the receiver or trustee emptypered to execute this report as required by Chapter 608, Florida Statutes.  SIGNATURE **  **TITLE** **ITHLE** **NAME** **STREET ADDRESS CITY-ST-ZIP  1.1 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 oath; that I am a managing member or manager of the limited liability company or the receiver or trustee emptypered to execute this report as required by Chapter 608, Florida Statutes.  **TAT-O3**	STREET ADDRESS		STREET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  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 oath; that I am a managing member or manager of the limited liability company or the receiver or trustee employered to execute this report as required by Chapter 608, Florida Statutes.  SIGNATURES  **THET ADDRESS CITY-ST-ZIP  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 oath; that I am a managing member or manager of the limited liability company or the receiver or trustee employered to execute this report as required by Chapter 608, Florida Statutes.  **YAT-O3**					
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  11. 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 oath, that I am a managing member or manager of the limited liability company or the receiver or trustee employered to execute this report as required by Chapter 608, Florida Statutes.  SIGNATURE S	NAME		NAME		
NAME STREET ADDRESS CITY-ST-ZIP  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 oath; that I am a managing member or manager of the limited liability company or the receiver or trustee employered to execute this report as required by Chapter 608, Florida Statutes.  SIGNATURES  4-24-03	· · · · · · · · · · · · · · · · · · ·		The state of the state of the second		
STREET ADDRESS CITY-ST-ZIP  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 oath; that I am a managing member or manager of the limited liability company or the receiver or trustee emptyered to execute this report as required by Chapter 608, Florida Statutes.  SIGNATURE STATES AND THE STATES AND TH	*		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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 oath; that I am a managing member or manager of the limited liability company or the receiver or trustee employered to execute this report as required by Chapter 608, Florida Statutes.  SIGNATURE:  4-24-03	}		<b>表示的问题的</b> 对 (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
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 employered to execute this report as required by Chapter 608, Florida Statutes.  SIGNATURE:	<u>.                                  </u>	. 1	CITY-ST-ZIP		
SIGNATURES INA MAL 4-24-03	indicated on this report is true and accurate and	that my signature shall have the	e same legal effect as if m	nade under oath; that I am a manag	I further certify that the information ging member or manager of the
	indica identify company of the lectives of iruster	A [ ] [	part as required by Chapt	ion 600, r ionida Statutes.	
	SIGNATURES /	1 you	,		

Date

Daytime Phone #