

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

DOCUMENT # L02000028015

**Mailing Address**  
**3459 B TECHNOLOGY DRIVE**  
**NOKOMIS, FL 34275**

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

Zip

Country

01122005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
52-2384420

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

Address (P.O. Box Number is Not Acceptable)  
3784 Malton Street

City North Port, FL

FL

Zip Code 34281

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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9.	MANAGING MEMBERS/MANAGERS
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10.	ADDITIONS/CHANGES

TITLE	P	<input type="checkbox"/> Delete
NAME	SQUIRES, DONALD	
STREET ADDRESS	2111 SE 25TH LANE	
CITY-ST-ZIP	CAPE CORAL, FL 33904	

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	 Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<div> <input checked="" type="checkbox"/> Change         <input type="checkbox"/> Addition       </div>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
5784 Malton Street North Port FL 34286	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 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

Donald Squires

1.12.05

650-2398