

FILED
Apr 30, 2004 8:00 am
Secretary of State

DOCUMENT # L02000028577



Mailing Address
2430 SOUTH ATLANTIC AVENUE
SUITE F
DAYTONA SHORES, FL 32118

3. Mailing Address

Suite, Apt. #, etc.

City & State:

Country

4. FBI Number - 16-1635992

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name _____

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

City

FL

Zip Code

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, 2004

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

9. MANAGING MEMBERS / MANAGERS

10.	ADDITIONS/CHANGES
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TITLE	P	<input type="checkbox"/> Delete
NAME	PECK, EDWIN JR	
STREET ADDRESS	2430 SOUTH ATLANTIC AVE., STE F	
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL 32118	

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

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CITY-ST-ZIP	

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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)(f), 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

April 22 2004

Date _____

386-255-7336

Daytime Phone #

Edwin Peck JR, President