Suite: Apt. #. etc. Suite: Apt. #. etc. Suite: Apt. #. etc. City & State MA IT LAND, FL Zp 3p75 / LSA Country 2p 3p75 / LSA Country 2p 3p75 / LSA Country 3p75 / LS	U	LIMITED LIABIL	ITY COMP SS REPORT	ANY (Ue	SR)	21	Mar 06	FILEI 5, 2003 tary o	8 8:00 a
DO NOT WRITE IN THIS SPACE         Mark Area       Do NOT WRITE IN THIS SPACE         Mark Area       During Area area         Mark Area       During Area         Mark Area       During Area         Mark Area       During Area	1. Entity Nar	me	771				02-21-20	03 90017 04	9 ****50.00
Cory & Salar     Cory & Salar     Cory & Salar     Cory & Salar     Applied For     Applied For       20     Cory & Salar     Correct     MA IT LAND     FL     4. Fill Name     Applied For       32751     LiSA     32751     Correct     Max Applicative     Applied For       DO INOT WRITE       IN THIS SPACE       Note write the purpose of changing for regulatered dayset       Correct Regulatered dayset       Note write the purpose of changing for regulatered dayset       DO INOT WRITE       IN THIS SPACE       Note write the purpose of changing for regulatered dayset       DO INOT WRITE       IN THIS SPACE       Correct for a submet of the purpose of changing for regulatered dayset.       Correct for a submet of purpose of changing for regulatered dayset.       ON THE ISBO 00       MALLE Max Changing max hop for the purpose of changing for regulatered dayset.       MALLE MARCE ST MANACES 1       MALLE MARCE ST MANACES 1       DO NOT WRITE       MALLE MARCE ST MANACES 1       MALE MARCE	- Principal I - 745	Place of Business BOBTAIL DE	3. Mailing Address 1745 60 871	er en terreter en terreter En terreter en t	en e		- 5	501403	a)
HA TELAND         FL         Main TELAND         FL         The Order Diagonal         Applied for a two applications           33751         County         33753         County         3.0 entropy         5.0 entropy						.	DO NOT WRITI	E IN THIS SPACE	
1       Name and Address of Current Registered Agent         Internet Registered Agent         Internet Address of Current Registered Agent         Internet Addres	MAIT	LAND FL	MAITLAND	FL	-			<u>а</u>	
Note that is the submeter of the purpose of changing its registered affice or registered agent, or both Judget and of Ported A Lack and A Compatibility and accept the object of and a submeter of the purpose of changing its registered agent, or both Judget and of Ported A Lack and A Compatibility and accept the object of and accept the object of accept the accept of accept the accept the accept of accept on the accept of accept on the accept			Zip 3275い					Fee Re	quired
Street Address (PD-Box Number is Not Address (PD-Box Number i							```` <b></b>		t
INTITION SPACE           Car bit of the statement for the purpose of changing its registered agent, or both, in the State of Florida. Lan tambility with, and accept in or big level agent.           The above named emity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. Lan tambility with, and accept in ordinations of registered agent.           Interview of the statement for the purpose of changing its registered agent, or both, in the State of Florida. Lan tambility with, and accept in the other tambility with a statement of the purpose of changing its registered agent, or both, in the State of Florida. Lan tambility with, and accept its registered agent.           Interview of the registered agent. <td></td> <td></td> <td>でいたかないない。そのないので</td> <td></td> <td>Street Address (</td> <td>P.O. Box N</td> <td>umber-is-Not-Acceptable)-</td> <td></td> <td>-</td>			でいたかないない。そのないので		Street Address (	P.O. Box N	umber-is-Not-Acceptable)-		-
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the Sinke of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the Sinke of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the Sinke of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the Sinke of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the Sinke of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the Sinke of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the Sinke of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the Sinke of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the Sinke of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the Sinke of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the Sinke of Florida, I am familiar with, and accept the obligation of registered agent, or both, in the Sinke of Florida, I am familiar with, and accept the obligation of the purpose of the obligation of the purpose of the pur		IN THIS SPA	KCE		12104	LALE	UNDELHILL	<u>LD</u> .	
The above named entity submits the statement for the purpose of changing its registered affice or registered agent, or both, in the State of Porda, I am familiar with, and accept in the obligations of registered agent.	an an an an an Charlen an an	n a dheann ann ann an 1990. Anns 2007 anns 2007 anns 2007			City DELAN	+130		FL 2	Code
MATURE         EMI           Improve types or proved neere of regulated agent and the illustrated         FEEE 15, 350.00°           Make Chock, Pryschild, to Florida Department of States         DUE BY MAY 12           MANAGING MEMBERS/MANAGERS         DUE BY MAY 12           MANAGING MEMBERS/MANAGERS         The CAZESY A "Jointuison           FRAMESS         State Chock, Pryschild, to Florida Department of States           State Chock, Pryschild, to Florida Department of States         The CAZESY A "Jointuison           FRAMESS         State Chock, Pryschild, to Florida Department of States           State Chock, Pryschild, to Florida Department of States         The CAZESY A "Jointuison           State Chock, Pryschild, to Florida Department of States         The Values           State Chock, Pryschild, to Florida Department of States         The Values           State Chock, Pryschild, to Florida Department of States         The Values           State Chock, Pryschild, to Florida Department of States         DOC NOT WRITE           HADRESS         The Value         The Values           State Chock, Pryschild, Status         The Values         The Values           State Chock, Pryschild, Status         The Values         The Values           State Chock, Pryschild, Status         The Values         The Values           State Chock, Pryschild, Provide Status	The above the obligat	named entity submits this statement for the ions of registered agent.	e purpose of changing its r	registered	office or register	ed agent, o	or both, in the State of Florie	da. Fam familiar w	with, and accept
FEE IS 350.00 Make Chock Prystille to Floride Department of States DUE BY MAX 1       MANAGING MEMBERS/MANAGERS ( DemarkerPerformance)       MANAGING MEMBERS/MANAGERS ( DemarkerPerformance)     Image: States DUE BY MAX 1       MANAGING MEMBERS/MANAGERS ( DemarkerPerformance)       State     DemarkerPerformance       MANAGING MEMBERS/MANAGERS ( DATE States)     Image: States       State     DemarkerPerformance       State     The Marker       State     The Marker       State     The State       State     The State       State     The State       State     State       State     Demarker       State					•				
CP2ESY A 3-DoHASON ITUS ROBT ALL BZ (ST-2P K K KIT ADRESS (ST-2P K K KIT ADRESS (ST-2P K KIT ADRESS (ST-2P K KIT KIT KIT KIT KIT KIT KIT		MANAGING MEMBERS/	Make Check Payable Di	i to Flori	da Departme	nt of Stat	8		
EFI ADDRESS     TTUS BOTS ALL DE       ST-7P     MAITLAND, FL 39751       E     TTUS       E     TTUS </td <td></td> <td>OWNERER A WHOM</td> <td>ig member</td> <td>Arran (1977) 777 77</td> <td></td> <td></td> <td></td> <td></td> <td></td>		OWNERER A WHOM	ig member	Arran (1977) 777 77					
ET ADDRESS     STRET ADDRESS       SIT-ZP     TITLE       ET ADDRESS     STRET ADDRESS       ST-ZP     TOT' ST ZP       IT ADDRESS     STRET ADDRESS       ST-ZP     TITLE       IT ADDRESS     STRET ADDRESS       ST-ZP     TITLE       IT ADDRESS     STRET ADDRESS       ST-ZP     TITLE       IT ADDRESS     STRET ADDRESS       STRET ADDRESS     STRET ADDRESS		1745 BUBTAIL DE	5)	STREET A					19 C. A.
ET ADDRESS     STRET ADDRESS       SIT-ZP     TITLE       ET ADDRESS     STRET ADDRESS       ST-ZP     TOT' ST ZP       IT ADDRESS     STRET ADDRESS       ST-ZP     TITLE       IT ADDRESS     STRET ADDRESS       ST-ZP     TITLE       IT ADDRESS     STRET ADDRESS       ST-ZP     TITLE       IT ADDRESS     STRET ADDRESS       STRET ADDRESS     STRET ADDRESS				TITLE	S. C. S. A. P. S.		and the second		
Production     Production       IT ADDRESS     STREET ADDRESS       ST ADDRESS     STREET ADDRESS       STREET ADDRESS     STREET ADDRESS       ST ADDRESS     STREET ADDRESS       STREET ADDRESS     STREET ADDRESS	ET ADDRESS			STREET AL	Sector and the sector of the				,
STREET ADDRESS     DO_NOT_WRITE       ST-ZP     Gry ST-ZP       T ADDRESS     STREET ADDRESS       ST-ZP     TITL       I ADDRESS     STREET ADDRESS       ST-ZP     TITL       NAME     STREET ADDRESS       ST-ZP     TITL       NAME     STREET ADDRESS       ST-ZP     TITL       NAME     STREET ADDRESS       ST-ZP     TITLE       NAME     STREET ADDRESS       STREET ADDRESS     TITLE       NAME     STREET ADDRESS       STREET ADDRESS     TITLE				The data states and the	<u>47 - 27 - 27 - 27 - 27 - 27 - 27 - 27 - </u>	in faith anns Frantsach		in des <u>estaño</u> Artes antes eta	
TADDRESS ST-ZIP ST-ZIP ST-Z	T ADDRESS			<ul> <li>মন্ত্রাপক্ষরাগ্রেরী।</li> </ul>	ORESS			/017-	-
T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-Z	51-217			an and an and a second s	944 - <u></u>	3 3 - 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	na na katala sa katala katala katala na katala katala katala katala katala katala katala katala katala katala NGC 1997 menungan katala kat	angen of a merican states of a se-	
ST-ZIP     ST-ZIP       IT ADDRESS     TITLE!       IT ADDRESS     STREET ADDRESS       ST-ZIP     CTV' ST-ZIP       IT ADDRESS     CTV' ST-ZIP				NAME	Detter 1		IN THIS SI	PACE.	
T ADDRESS ST-ZIP T ADDRESS S	ST-ZIP			¢ CITY-51-2	STUDE AL MERITAL SEL		ada da san ang panan Mang pang pang pang		
ST-ZIP CTTY'ST-ZP T ADDRESS ST-ZIP T T ADDRESS ST-ZIP T T ADDRESS ST-ZIP T T ADDRESS ST-ZIP T 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 eccurate and their me information stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information				1021225375102					
T ADDRESS ST-ZIP 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 that here even the even of the even				100	18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			ignye bi yante Nga ya champe	
TADRESS ST-ZIP ST-ZIP STEEL ADDRESS ST-ZIP CTV' ST-ZIP 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 noticated on this report is true and accurate and that my signature that here are finded and the event of the e							1.9.5 <sup>4</sup>		
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 eccurate and that my close the areas the area indicated in the section 119.07(3)(ii).	TADDRESS			STREET AD	CONTRACT A SPECIAL CONTRACT OF				
imited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.	hereby ce	rtify that the information supplied with this f	iling does not qualify for th		action (result in Const	ion 119.07(	3)(i), Florida Statutes. I fur	ther certify that th	
	mited liabil	n unis report is true and accurate and that n lity company or the receiver or trustee emp	ny signature shall have the owered to execute this rep	same lega ort as requ	al effect as if mai lired by Chapter	de under og 608, Florid	ath: that I am a managing a Statutes.	member or mana	ager of the
SNATURE: (Query Q. )ahoson_	JNATL	JRE: Can a.	Jahnson				, , , , , , , , , , , , , , , , , , ,		