

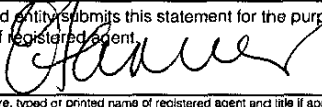
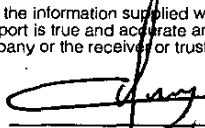
**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90040 028 ****50.00

24001613

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000035105			
1. Entity Name AUTREMENT, LLC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 348 N. Park Avenue		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WINTER PARK, FLORIDA		City & State	
Zip 32789		Country USA	
4. FEI Number 02-0672625		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name FARNER, CECILIA	
		Street Address (P.O. Box Number is Not Acceptable)	
		1400 WEST FAIRBANKS AVENUE, SUITE 102	
		City WINTER PARK	
		FL Zip Code 32789	
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 		DATE 11/17/03	
		FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1	
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM - Richard Gervy 110 Valencia Loop Altamonte Springs, Florida 32714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM - Danielle Gervy 110 Valencia Loop Altamonte Springs, Florida 32714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM - Eric Gervy 895 S Wymore Rd. Apt 985 Altamonte Springs, FL 32714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM - Pierre Poinsignon 2428 Mandan Trail Winter Park, FL 32789	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date 11.17.03 Daytime Phone # 407-644-7229	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

CR2E083B (12/02)