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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 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 manag	9. 11TLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MAN MGRM ROUBICEK, CARL 900 SIXTH AVENU NAPLES, FL 3410 MGRM ROUBICEK, ELEN 900 SIXTH AVENU	4 OS H JE SOUTH, SU 2 A JE SOUTH, SU	AS/MANAGERS	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	A	Florida Departine	Change Change Change	
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limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	9. 11TLE 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 TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAN MGRM ROUBICEK, CARL 900 SIXTH AVENU NAPLES, FL 3410 MGRM ROUBICEK, ELEN 900 SIXTH AVENU NAPLES, FL 3410	4 OS H JE SOUTH, SU 2 A JE SOUTH, SU	ITE 203	TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	A	Florida Departine	int of State Change Change Change Change Change Change Change	