

FILED
May 03, 2004 8:00 am
Secretary of State

DOCUMENT # L03000004610



Mailing Address
1235 PINEBROOK WAY
VENICE, FL 34293 US

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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City & State

City & State Venice FL

Country
US

Zip
34293

Country US

FEI Number
05-167715

Applied For	
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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)

582 Park Estates SQ

City Venice

FL

Zip Code **74243**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

10.	ADDITIONS/CHANGES
-----	-------------------

TITLE	M	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LOGAN V. CHAMBERLAIN, III		
STREET ADDRESS	582 PARK ESTATES SB.		
CITY - ST - ZIP	VENICE, IL 60693		

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

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone #