

DOCUMENT # L03000004776

FILED

04 APR 23 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\_\_\_\_\_

03032004 Chq-LLC CR2E083 (10/03)

4. FE# Number

<input checked="" type="checkbox"/>	Applied For
<input type="checkbox"/>	Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CFRA, LLC  
ONE HARBOUR PLACE  
777 S. HARBOUR ISLAND BLVD.  
TAMPA, FL 33602-5730

Name Rhonda A. SEARS

Street Address (P.O. Box Number is Not Acceptable)  
11721 PURG PEBBLE DR.

City Riverview

FL	Zip Code 33569
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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

### ADDITIONS/CHANGES

TITLE	Mom	<input type="checkbox"/> Delete
NAME	Rhonda A. Sears	
STREET ADDRESS	1255 North Frontage Road	
CITY - ST - ZIP	Okemuncie, MI 48860	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME Rhonda A. Sears  
STREET ADDRESS 4255 North Frontage Road  
CITY-ST-ZIP Lakeland, FL 33810

NAME  
STREET ADDRESS  
CITY-ST-ZIP

400035807314  
05/10/04--01046--005 \*\*100.00

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

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

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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 of 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

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_