



### 1. Entity Name

1. The first part of the document is a header section containing the following information:
 

- 1.1. The name of the company: "ABC Company"
- 1.2. The address of the company: "123 Main Street, New York, NY 10001"
- 1.3. The phone number of the company: "212-555-1234"
- 1.4. The email address of the company: "info@abc.com"
- 1.5. The website of the company: "www.abc.com"

2. The second part of the document is a table with 5 columns and 10 rows. The columns are labeled "Date", "Description", "Amount", "Balance", and "Total". The data is as follows:
 

Date	Description	Amount	Balance	Total
1/1/2020	Jan 1	100.00	100.00	100.00
1/2/2020	Jan 2	50.00	50.00	150.00
1/3/2020	Jan 3	25.00	25.00	175.00
1/4/2020	Jan 4	75.00	75.00	250.00
1/5/2020	Jan 5	125.00	125.00	375.00
1/6/2020	Jan 6	175.00	175.00	550.00
1/7/2020	Jan 7	225.00	225.00	775.00
1/8/2020	Jan 8	275.00	275.00	1050.00
1/9/2020	Jan 9	325.00	325.00	1375.00
1/10/2020	Jan 10	375.00	375.00	1750.00

3. The third part of the document is a list of items with their respective prices and quantities. The items are:
 

- Item 1: "Apple" with a price of \$1.00 and a quantity of 10.
- Item 2: "Banana" with a price of \$0.50 and a quantity of 20.
- Item 3: "Orange" with a price of \$0.75 and a quantity of 15.
- Item 4: "Grape" with a price of \$1.25 and a quantity of 8.
- Item 5: "Mango" with a price of \$1.50 and a quantity of 5.

4. The fourth part of the document is a summary section containing the following information:
 

- 4.1. The total amount: "Total Amount: \$1750.00"
- 4.2. The total balance: "Total Balance: \$1750.00"
- 4.3. The total quantity: "Total Quantity: 68"

Mailing Address

7284 W. PALMETTO PARK RD  
STE 106  
BOCA RATON FL 33433  
US

### 3. Mailing Address

Suite, Apt. #, etc.

CR2E083 (10/05)

City &amp; State

Applied For	
Not Applicable	

Country

Zip

Country

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)

City

FL

Zip Code

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 installing)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2006**

10.	ADDITIONS / CHANGES
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TITLE	U00000515204	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	04/29/06-80201-019	50.00	

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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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	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:**

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

Date \_\_\_\_\_

Daytime Phone #