| 2005 LIMITED LIABILITY COMPANY | | | FILED Feb 01, 2005 8:00 am | |
|--|---|--|--|--|
| 1. Entity Narr | MENT # L03000013837 | | Secretary of State 02-01-2005 90119 050 ****55.00 | |
| Principal Place of Business Mailing Address 1010 WINDERLEY PLACE 1010 WINDERLEY PLACE VILLA #120 VILLA #120 MAITLAND, FL 32751 US | | | | |
| DO NOT WRITE IN THIS SPACE | | | Image: Status Desired Image: Status Desired | |
| 6. Name and Address of Current Registered Agent BAKER, RAMON D 1010 WINDERLEY PLACE VILLA #120 MAITLAND, FL 32751 | | | DO NOT WRITE IN THIS SPACE | |
| the obligat | e named entity submits this statement for the purpose of changing its register tions of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register filing Fee Is \$50.00 ue by May 1, 2005 | ed Agent signature required | | |
| 9. 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 | MANAGING MEMBERS/MANAGERS MGR AS TRUSTEE OF THE RAMON D. BAKER BAKER, RAMON D. TRAST AGREEMENT DATED JULY 241945 1010 WINDERLEY PLACE VILLA #120 MAITLAND, FL 32751 | 3 | DO NOT WRITE IN THIS SPACE | |
| indicated | certify that the information supplied with this filing does not qualify for the exit on this report is true and accurate and that my signature shall have the sam ability company or the receiver or trustee empowered to execute this report a solution of the receiver of trustee empowered to execute the same ability company or the receiver or trustee empowered to execute this report a solution. | ne legal effect as if n as required by Chap | hade under oath; that I am a managing member or manager of the | |