## ED LIABILITY COMPANY

DOCUMENT # 1. Entity Name



COCKEDIESEL , LLC

FILED

04 FEB -3 AM 9: 40

SECRETARY OF STATE

, DO NOT WRITE IN THIS SPACE							TALLAHASSEE, I LOMON						
2. Principal Pl	ace of Busin	ness SENDS CIRCLE	3. Mailing Address 3118 LEGENOS CIRCLE			1							
Suite, Apt.		SCHOOL CHARLE	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE							
City & State LAKELAND, FLORIDA			City & State LAKELAND, FLORIDA			4. FEI Number 36 ~ 4533547 Applied For Not Applicable							
Zio Country			Zip 33863	Country		5 Certificate of Status Desired					5.00 Additional		
Lines in some			<u> </u>			7. Name and Address of Current Registered Agent						コ	
DO NOT WRITE					Name CT CORPORATION								
					Street Address	(P.O. Box Number is Not Acceptable)						7	
ە ئىگەلىپىدىيىل		N THIS SP	ACE	دسدد بمشيد	1200	SOUTH PINE ISLAND ROAD						7	
						ANTATION			FL		Code	$\dashv$	
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 obligation	ons of regis	tered agent.			-	-							
SIGNATURE _	Signal was bused	or printed name of registered agont a	ad the Capplicable					· · · · · · · · · · · · · · · · · · ·	DATE		<del> </del>		
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ļJ	ertify that th	e information supplied with	this filing does not qualify			ection 119.07(3	)(i), Florida	a Statutes.	i further ce	rtify that	the information	1	

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:

G MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11/22/03

336-516-0080

Daylime Phone #