

**FILED**  
**Jan 22, 2008 08:00 AM**  
**Secretary of State**



Principal Place of Business  
7457 PARK LANE  
LAKE WORTH, FL 33467 US

**Mailing Address**  
7457 PARK LANE  
LAKE WORTH, FL 33467 US

**DO NOT WRITE IN THIS SPACE**



01142008No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
20-0247095

Applied For
Not Applicable

### 5. Certificate of Status Desired

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

LANCIANESE, MICHELLE  
7457 PARK LANE  
LAKE WORTH, FL 33467

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	LULFS, BRIAN
STREET ADDRESS	7457 PARK LANE
CITY-ST-ZIP	LAKE WORTH, FL 33467

TITLE	MGRM
NAME	LANCIANESE, MICHELLE
STREET ADDRESS	7457 PARK LANE
CITY-ST-ZIP	LAKE WORTH, FL 33467

TITLE
NAME
STREET ADDRESS
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U000000790789  
01/23/08-80048-006 138.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, OR AUTHORIZED REPRESENTATIVE**

Date \_\_\_\_\_

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