

FILED
May 02, 2005 08:00 AM
Secretary of State



Mailing Address
PO BOX 636
DAVENPORT, FL 33836

DO NOT WRITE IN THIS SPACE



CR2E083 (10/03)

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

MATHEWS, LEWIS
17 E. MAGNOLIA ST
DAVENPORT, FL 33837

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IN THIS SPACE**

3. 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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MATHEWS, LEWIS PO BOX 636 DAVENPORT, FL 33836
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05/04/05-80040-010 55.00

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17. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 # _____