FILED Aug 02, 2004 8:00 am Secretary of State

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DOCUI 1. Entity Nam K & D GU		08-02-2004 90115				5 010 ****5	50.00		
	e of Business 33 PEMBROOK DRIVE I GARDENS, FL 33418 US	Mailing Address C/O DUNN, 133 PEMBRC PALM BEACH GARDENS,		s					
i33	lace of Business PEMBROKE DRIVE		BROKE	DRIV					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02102004	Chg-LLC	CR2E	083 (10/03)	_
PALM B	EACH GARDENS, FL	PALM BEAC	H GARDE	NS,FC	4. FEI Numbe	- 085 48	851		olied For Applicable
33 41	8 USA	33418	Country ().SA	7	5. Certificate	of Status Desired		\$5.00 Addi	
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New Ro	egistered	Agent	
÷		ا الوا التي	Name						
DUNN, CL			Street A	ddress (P.)	O. Box Numbe	r is Not Acceptable			
	ROOK DRIVE ACH GARDENS, FL 33418	·	13	3	PEM	BROKE	- 1	DRIV	E
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	9		City				Fl	Zip Code	
0 The electric	named entity submits this statement for				4	L : O FI			
SIGNATURE .	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE: I	Registered Agent signat	ure required wi	hen reinstating)		DATE		,
Fi Di	iling Fee is \$50.00 ue by May 1, 2004	, ,						payable to nent of State	
9.	MANAGING MEMBER	IRS/MANAGERS	10.			ADDITIONS/	CHANGE	S	
TITLE	MGRM	☐ Delete	TITLE						
NAME	DUNN, ANDREW							☐ Change	Addition
STREET ADDRESS			NAME					☐ Change	☐ Addition
CITY-ST-ZIP	4 VAIL LANE							☐ Change	☐ Addition
	4 VAIL LANE FLEMINGTON, NJ 08822		NAME					☐ Change	☐ Addition
TITLE	FLEMINGTON, NJ 08822 MGRM	☐ Delete	NAME STREET ADDRESS					☐ Change	☐ Addition
NAME	FLEMINGTON, NJ 08822 MGRM DUNN, MICHAEL R		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	(1) 7	мα	NI SOUL S	ו מידי	Change	_
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NAME STREET ADDRESS CITY-ST-ZIP	FLEMINGTON, NJ 08822 MGRM DUNN, MICHAEL R 55 NORTH MOUNTAIN AVENUE MONTCLAIR, NJ 07042	, APT. B1	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	122	MAI 30KEI	DISON S	STRE	Michange	☐ Addition
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11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

STREET ADDRESS

SIGNATURE: SIGNATURE and TryJED OR PRINTED NAME OF SIGNI MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Delete

Addition

Change