DOCUMENT #1.03000056592

FILED Apr 05, 2004 8:00 am Secretary of State

1. Entity Name SHERRY T PLESS LC						03-01-20	004 90318 022 *	***50.00	
Principal Place	e of Busines	\$	Mailing Address			. E4 . T			
239 NE 130TH PL BRANFORD, FL 32008			239 NE 130TH PL Branford, FL 32008			A SBIRG HEM BITH FIN FRIN	agral blife blik i bkih keliy gi		
2. Principal Place of Business			3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			Chg-LLC	CR2E083 (10/03)		
City & State			City & State	City & State		239816	<u> </u>	plied For t Applicable	
Zlp		Country	Zip	Country	5. Certificat	e of Status Desired	S5.00 Add		
		and Address of Curre	nt Registered Agent			d Address of New Re	gistered Agent		
PLESS, SHERRY R					Name				
≈239 NE-130 BRANFOR	OTH PL-			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
	,								
l				City		FL Zip Code			
	named entitions of regist		for the purpose of changing its r	egistered office or regis	tered agent, or b	oth, in the State of Flor	ida. I am familiar with,	and accept	
SIGNATURE.	Signature, typed	or printed name of registered age	ant and title if applicable. (NOTE:	Registered Agent signature requi	red when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE		
Filing Fee is \$50.00 Due by May 1, 2004						Make check payable to Florida Department of State			
9.		MANAGING MEM	BERS/MANAGERS	10.		ADDITIONS/	CHANGES		
TITLE HAME STREET ADDRESS	239 NE 1		☐ Oelete	TITLE NAME STREET ADDRESS		*	☐ Change	Addition	
CITY-57-ZIP	BRANFO	RD, FL 32008		CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE		•	☐ Delete	TITLE			. Change	☐ Addition	
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MLE	<u> </u>		☐ Delete	TITLE			Change	Addition	
NAME STREET ADDRESS	}			NAME STREET ADDRESS		•		; }	
CITY-ST-ZIP	<u> </u>			CITY-ST-ZIP				· · ·	
indicated	i on this repo	ort is true and accurate a	with this filing does not qualify for and that my signature shall have to stee empowered to execute this r	he same legal effect as i	i made under oa	th; that I am a manag	further certify that the is ling member or manage	nformation er of the	
010514-		12.	A(Q)	0.		7-13- M	L		
SIGNAT	UHE:	7,000	E DASIGNING MANAGING MEMBER, MAN	xux			Daytime Phone #		