




FILED
Apr 14, 2006 08:00 AM
Secretary of State

<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # L04000000456 1. Entity Name KEN DEBERGH JR., LLC</div><div style="text-align: center;"></div></div>		Apr 14, 2006 08:00 A Secretary of State																																									
<div style="display: flex; justify-content: space-between;"><div>Principal Place of Business 425 WYOMING AVENUE SAINT CLOUD, FL 34769</div><div>Mailing Address 425 WYOMING AVENUE SAINT CLOUD, FL 34769</div></div>		<div style="text-align: center;"></div> <div style="display: flex; justify-content: space-between;">04202006No Chg-LLCCR2E083 (11/05)</div> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:80%;">4. FEI Number 20-0563587</td><td style="width:20%;">Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required</td></tr></table>		4. FEI Number 20-0563587	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																					
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DO NOT WRITE IN THIS SPACE																																											
6. Name and Address of Current Registered Agent DEBERGH, KEN JR. 425 WYOMING AVENUE SAINT CLOUD, FL 34769		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>																																											
Filing Fee is \$50.00 Due by May 1, 2006		<div style="border: 1px solid black; padding: 5px; display: inline-block;">UNRECORDED 04/29/06-80018-022 50 00</div>																																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10%;">TITLE</td><td>MGRM</td></tr><tr><td>NAME</td><td>DEBERGH, KEN JR.</td></tr><tr><td>STREET ADDRESS</td><td>425 WYOMING AVENUE</td></tr><tr><td>CITY-ST-ZIP</td><td>SAINT CLOUD, FL 34769</td></tr><tr><td>TITLE</td><td>MGRM</td></tr><tr><td>NAME</td><td>DEBERGH, HOLLY</td></tr><tr><td>STREET ADDRESS</td><td>425 WYOMING AVENUE</td></tr><tr><td>CITY-ST-ZIP</td><td>SAINT CLOUD, FL 34769</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>		TITLE	MGRM	NAME	DEBERGH, KEN JR.	STREET ADDRESS	425 WYOMING AVENUE	CITY-ST-ZIP	SAINT CLOUD, FL 34769	TITLE	MGRM	NAME	DEBERGH, HOLLY	STREET ADDRESS	425 WYOMING AVENUE	CITY-ST-ZIP	SAINT CLOUD, FL 34769	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
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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: 																																											
<div style="display: flex; justify-content: space-between;"><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small><small>Date</small><small>Daytime Phone #</small></div>																																											