

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

DOCUMENT # L04000002160



**Mailing Address**  
**18851 NE 29TH AVE, STE 900**  
**AVENTURA, FL 33180**

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

4. FEI Number

20-0597713

Applied For	
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Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional  
- Fee Required

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Make check payable to  
Florida Department of State**

10.	ADDITIONS/CHANGES
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 Delete☐ Delete Delete

 Delete

☐ Delete

 Delete

 **Change**

☒ Addition

☐ Change☐ Addition☐ Change

 Addition

☐ Change

☐ Addition

☐ Change

4 Addition

Change

☐ Addition

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

10

Deductive Reasoning #