2007 LIMITED LIABILITY COMPANY

FILED Mar 28, 2007 8:00 am Secretary of State

ANNOAL ILL ON 1				Secretary or State			
1. Entity Nam	MENT # L04000017(bdging, llc	044)		90183 005 ****50	
· .	e of Business	Mailing Address			UUU		
SUITE 400	+ OCEAN DRIVE	3540 FOREST HILL BLVD Suite 203					
SINGER ISLA	ND, FL 33404 US	WEST PALM BEACH, FL 3	33406 US				
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2655 No Ocean		ande					
\$4.3	#, etc.	Suite, Apt. #, etc. #310		03072007	Chg-LLC	CR2E083 (12/06)	
Scity & Stat	- 16 1 1 7 1	City & State Singer Isla	rd 7l	4. FEI Numi 33-10			oplied For of Applicable
3%山川	Country	Zig 33404	Country	5. Certificat	e of Status Desired	□ \$5.00 Add	
	6. Name and Address of Current R	Registered Agent		7. Name an	d Address of New R	<u>'</u>	
ARMOUR, ALAN I II 1645 PALM BEACH LAKES BLVD. SUITE 1200			Name				
			Street Address	(P.O. Box Num	ber is Not Acceptable)	•
	LM BEACH, FL 33401						· -
			City			FL Zip Code	e
8. The above the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its re	gistered office or regist	ered agent, or b	oth, in the State of Flo	rida. I am familiar with,	and accept
_							
SIGNATURE .							
SIGNATURE .	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE: F	Registered Agent signature requir	ed when reinstating)		DATE	
Fi	Signature, typed or printed name of registered agent and liling Fee is \$50.00 ue by May 1, 2007	nd title if applicable. (NOTE: F	egistered Agent signature réquir	ed when reinstating)		DATE e check payable to Department of State	e
Fi	iling Fee is \$50.00		registered Agent signature requirements	ed when reinstating)		e check payable to Department of State	e
9.	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBER MGRM		10. Title	ed when reinstating)	Florida	e check payable to Department of State	●
9. TITLE NAME STREET ADDRESS	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBER MGRM DONOVAN, KEVIN M 2210 EAST OCEAN OAKS LANE	RS/MANAGERS	10. Title Name Street address	ed when reinstating)	Florida	e check payable to Department of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM DONOVAN, KEVIN M 2210 EAST OCEAN OAKS LANE VERO BEACH, FL 32963	RS/MANAGERS Delete	10. TITLE NAME STREET ADDRESS CITY-SI-ZIP	ed when reinstating)	Florida	e check payable to Department of State CHANGES	☐ Addition
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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 receives or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Managing MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/24/07