Second Report (AR)							-90062-032-\$50	.00-\$50.00	))	
DOCUMENT # L04000018189 1. Entity Name							05 MAI	OF COR	OF STA	]E TONG
DODE, LLC							US MAI	714		10112
			200			' AF	1 <i>10:</i> 3:	7		
Principal Plac	a of Business		•	1			-			
BOCA RATO	LORES DRIV ON FL 33433	E	6437 LAS FLORES DRIVE BOCA RATON FL 33433							
' <b>''</b>							TESTO 911 ERIN COLO 11111 ASI:		D HATA MINE DI	ATT IT I LED
2. Principal Place of Business			3. Mailing Address			10n				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1	st MOORE	CR2E083		
City & State			City & State			4. FEI Num	ber		4	polied For of Applicable
Zip	Country		Zip	Cour	ntry	5. Certifical	e of Status Desired		5.00 Add	
		and Address of Curren	Registered Agent				d Address of New F	legistered Aç	jent ,	
DELUCIA, DONALD B					Name					
643	7 LAS FLO	DRES DRIVE			Street Address (P.O. Box Number is Not Acceptable)					
300A 104 1014 1 2 33433									<del></del>	
					City	FL Zip Code				
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 .							)			
Signetive, typed or or inted name of registered agent and table 4 applicable (NOTE Registered Agent signetive required when remaining)  [8.0.4.5.5.1.0.1.0.5.9.9.0.1.0.2.0.9.9.0.1.0.1.0.0.0.0.0.0.0.0.0.0.0.0.0										
					FEE IS \$50.00					ļ
Make Check Payable to Flori Due By May						200				
9.		MANAGING MEMB		10.		ACCOUNT.	ADDITIONS	/CHANGES		
TITLE	MGRM		☐ Delete	TITL	1				☐ Change	☐ Addition
NAME STREET ADORESS :	DELUCIA, D	XONALD B LORES DRIVE		NAM	Æ EET ADORESS					
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NAME	· .			NAM	· •					Ţ
STREET ADORESS CITY-ST-ZIP			·	EET ADORESS (-ST-ZIP .						
11. I hereby certify that the information supplied with this filing 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
Mhalle B Mill - Douglas Allinia Isalam Tima										
SIGNATURE: DONALOS. DELLIA 1/20/05 56/ V77 00/ 8 SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE  Date  Object  O										