

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000024437 1. Entry Name ALOMA COMMERCE CENTER, L.L.C.				Secretary of State	
Principal Place of Business 933 BEVILLE ROAD, BLDG. 103-F SOUTH DAYTONA, FL 32119		Mailing Address P.O. BOX 551260 JACKSONVILLE, FL 32255			
DO NOT WRITE IN THIS SPACE				03092006 No Chg-LLC CR2E083 (11/05)	
				4. FEI Number 02-1006123	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent SCHNEIDER, MICHAEL N 5150 BELFORT ROAD, BLDG. 100 JACKSONVILLE, FL 32256				DO NOT WRITE IN THIS SPACE	
9. 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 _____ (NOTE: Registered Agent signature required when relinquishing)					
Filing Fee is \$50.00 Due by May 1, 2006					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		MGRM SCHWARTZ, WINSTON 933 BEVILLE RD #103-F DAYTONA BEACH, FL 32119			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		MGRM ADLEY, JAMIE 933 BEVILLE RD #103-F DAYTONA BEACH, FL 32119			
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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:  JAMIE ADLEY 3/10/06 386 760 2555					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE					