

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

DOCUMENT # L04000034170



Mailing Address  
3616 CYPRESS MEADOWS  
TAMPA, FL 33624

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

CR2E083 (12/06)

Applied For
Not Applicable

☐ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

Name \_\_\_\_\_

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

City

FL

Zip Code	
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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

10.	ADDITIONS/CHANGES
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□ Delete

 Delete

 Delete

☐ Delete☐ Delete☐ Change    ☒ Addition☐ Channel    ☐ Addition☐ Change      ☐ Addition☐ Change    ☐ Addition☐ Change      ☐ Addition☐ Change    ☐ Addition

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:**

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

Date \_\_\_\_\_

Daytime Phone #