

DOCUMENT # L04000036203



05 AUG 25 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address
3400 S. TAMiami TRAIL
SUITE 202
SARASOTA, FL 34239

3. Mailing Address
4938 Sabal Lake Cir.
Suite, Apt. #, etc.

08182005 Chg-LLC CR2E083 (10/03)

City & State
Sarasota, FL
Zip
34238

4. FEI Number	☒ Applied For
	☐ Not Applicable

Zip 34238	Country Sarasota
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
Brian Beecher

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

4938 Sabal Lake Cir.

City **Sarasota** FL Zip Code **34238**

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 reinstalling.)

8-19-05
DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

ADDITIONS / CHANGES

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

300058965323 ☒ Change ☐ Addition
08/25/05--01038--000

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY - 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.

SIGNATURE:

Brian Beecher

8-19-05

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

Date _____

Daytime Phone ☎