

FILED
Jul 05, 2005 8:00 am
Secretary of State

DOCUMENT # L04000039574

Mailing Address
3683 N.W. 19TH STREET
LAUDERDALE LAKES, FL 33311

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Country

04272005 Chg-LLC CR2E083 (10/03)

4. FEI Number

20-1234556

Applied For	
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Not Applicable

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 _____

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

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

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, 2005

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

9. MANAGING MEMBERS/MANAGERS

ADDITIONS/CHANGES

 Delete

☐ Delete

 Delete

☐ Delete☐ Delete☐ Delete

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

☐ Change ☐ Addition☐ Change ☐ 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 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.