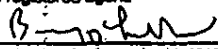


8/31/2005-90065-024-\$50.00-\$50.00

SECRETARY OF STATE
DIVISION OF OPERATIONS

05 DEC -9 AM 9:36

DOCUMENT # L04000047839				SECRETARY OF STATE DIVISION OF CORPORATIONS	
1. Entity Name WILD ACRES, LLC		05 DEC -9 AM 9:36			
Principal Place of Business 1 MYSTIC LAKE WAY ORMOND BEACH, FL 32174		Mailing Address 1 MYSTIC LAKE WAY ORMOND BEACH, FL 32174			
2. Principal Place of Business		3. Mailing Address		08282005 Chg-LLC CR2E083 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3789608 Applied For ☐ Not Applicable ☒	
City & State		City & State		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required ☒	
Zip	Country	Zip	Country	6. Name and Address of Current Registered Agent	
- LARKINS, BARRY 1 MYSTIC LAKE WAY ORMOND BEACH, FL 32174		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 		DATE 8-27-5			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LARKINS, BARRY 1 MYSTIC LAKE WAY ORMOND BEACH, FL 32174	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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.					
SIGNATURE: 		DATE: 8-27-5			