

FILED
Apr 28, 2006 8:00 am
Secretary of State

DOCUMENT # L04000050148

The seal of the State of Florida is a circular emblem. It features a central figure of a Seminole man standing on a small island, holding a bow in his right hand and an arrow pointing downward in his left. A palm tree stands behind him. The words "GREAT SEAL OF THE STATE OF FLORIDA" are inscribed around the top inner edge, and "IN GOD WE TRUST" is at the bottom.

Mailing Address
4703 NORTH ARMENIA AVE
TAMPA, FL 33603

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

04252006 Chq-LLC CR2E083 (11/05)

4. FEI Number
20-2727576

Applied For
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 American Information Services, Inc

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

401 E. Jackson St. Suite 1700

City	Tampa	FL	Zip Code	33602
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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 Joseph Kuqa

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

(NOTE: Registered Agent signature required when reinstating)

4/25/06

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

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

9.	MANAGING MEMBERS/MANAGERS
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10.	ADDITIONS/CHANGES
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TITLE	CFO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SCOTT LOWE		
STREET ADDRESS	4726 N. Habana Ave. Suite 204		
CITY-ST-ZIP	Tampa, FL 33614		

TITLE	CDO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MIKE DOYLE		
STREET ADDRESS	4726 N. Habana Ave Suite 204		
CITY-ST-ZIP	Tampa FL 33614		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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

Scott Lowe

4/25/06

813 569-6500

Date _____

Daytime Phone # _____