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## DOCUMENT # L04000050169 1. Entity Name **FILED** May 01, 2006 08:00 AM Secretary of State A. RAINEY, LLC Principal Place of Business Mailing Address 7403 46TH AVENUE NORTH 7403 46TH AVENUE NORTH ST. PEERSBURG FL 33709 ST. PEERSBURG FL 33709 2. Principal Place of Business 3. Mailing Address Suite, Apr #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 20-1331072 Not Applicab Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAINEY, JAMES A Street Address (P.O. Box Number is Not Acceptable) 7403 46TH AVENUE NORTH LOT 334 ST. PETERSBURG FL 33709 Zip Code City FL 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 acceptable to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. Signature, typed or printed name or registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9 Add" ☐ Change TITLE MGRM Delete NAME NAME RAINEY, JAMES A STREET ADDRESS STREET ADDRESS 7403 46TH AVENUE NORTH U00000546640 CITY-ST-ZIP CMY-ST-ZIP ST. PETERSBURG FL 33709 NSZ11ZNA-80123-020 SOLOO 7/77/5 ☐ Delete TITLE ☐ Md··· NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP To Admi ☐ Delete TITLE ☐ Change me NAME STREET ADDRESS STREET ADDRESS CITY- ST-ZIP CITY-ST-719 Change Add\* ☐ Delete TITLE THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP Change Acc TITLE Defeie $\mathcal{U}\mathcal{U}\mathcal{E}$ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 🗆 Delete ☐ Change □ Air TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 it 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.

ING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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