## 2007 LIMITED LIABILITY COMPANY

## **FILED** May 01, 2007 08:00 AM

DOCUMENT # L0400068451  1. Entity Name HIGHROLLER ADVENTURES, LLC					Secretary of			oi Sta	
Principal Place of Business 4630 NW 30TH STREET GAINESVILLE, FL 32605 US		Mailing Address 4630 NW 30TH STREET GAINESVILLE, FL 32605 US							
2. Principal Place of Bu	siness - No P.O. Box #	3. Mailing Address		,					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04142007	Chg-LLC	CR2E08	3 (12/06)	
City & State		City & State			1 1 1 2 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1				oplied For
Zip	Country	Zip	Coun	itry	1	of Status Desired		5.00 Add	ditional
6. Na	ne and Address of Current I	Registered Agent			7. Name and	Address of New	Registered Ag	gent	
JERTBERG, TERF 4630 NW 30TH ST GAINESVILLE, FL		Street Address (P.O. Box Number is Not Accept			er is Not Acceptab	le)			
				City			FL	Zip Cod	е
8. The above named er	tity submits this statement for	the purpose of changing it	s registere	ed office or register	red agent, or bo	th, in the State of F	lorida. I am fa	miliar with,	and accept
	ed or printed name of registered agent a	nd title if applicable. (NO	TE: Registered	d Agent signature required	d when reinstating)	····	DATE		
SIGNATURE Signature, 195 Filling February M	ed or printed name of registered agent a is \$50.00 ay 1, 2007			d Agent signature required	d when reinstating)		DATE ke check pay la Departmen	-	•
SIGNATURE  Signature, by  Filling Fee Due by M  9.	ed or printed name of registered agent a	RS/MANAGERS	10.		d when reinstating)	Florid	ke check pay la Departmei	nt of State	
Filing February M  9.  Title NAME STREET ADDRESS  SIGNATURE Signature, 197  Si	is \$50.00 ay 1, 2007  MANAGING MEMBER RG, TERRY V 30TH STREET		10.		d when reinstating)	Florid	ke check pay la Departmei	-	■ Addition
SIGNATURE  Signature, 193  Filling Fee Due by M  9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP GAINES TITLE MGRM ELLIS,	is \$50.00 ay 1, 2007  MANAGING MEMBER	RS/MANAGERS	10. HILE NAME STREE CITY- HILE NAME	: E ET ADDNESS -S1-ZIP	d when rainstating)	ADDITIONS	ke check pay la Department S/CHANGES	Change	
Filing February M  9.  Filing February M  9.  ITILE MGRM JERTBE 4630 NI GAINES ITILE MGRM ELLIS, NAME ELLIS, STREET ADDRESS CITY-ST-ZIP ORMON	MANAGING MEMBER RG, TERRY V 30TH STREET VILLE, FL 32605	RS/MANAGERS Delete Delete	10. ITTLE MAME STREE CITY- TITLE MAME STREE CITY-	E ET ADDRESS -S1-ZIP : E ET ADDRESS -ST-ZIP	I when reinstating)	ADDITIONS	ke check pay la Departmen S/CHANGES	Change	Addition
Filing Fee Due by M  9.  TITLE MGRM JERTBE 4630 NY GAINES TITLE MGRM ELLIS, STREET ADDRESS CITY-ST-ZIP ORMON TITLE MGRM COLLIN	MANAGING MEMBER RG, TERRY V 30TH STREET VILLE, FL 32605  OSEPH D NDERS TRAIL CIRCLE	RS/MANAGERS  Delete	10. ITILE MAME STREE CITY- ITILE MAME STREE CITY- TITLE NAME STREE	E ET ADDRESS -S1-ZIP : E E ET ADDRESS -ST-ZIP	f when rainstating)	ADDITIONS	ke check pay la Department S/CHANGES	Change	☐ Addition
SIGNATURE  Signature, 1975  Filing Fee Due by M  9.  TITLE MGRM JERTBE 4630 NY GAINES CITY-ST-ZIP MGRM ELLIS, 2 STREET ADDRESS CITY-ST-ZIP ORMON  FILLE MGRM ORMON  FILLE MGRM COLLIN STREET ADDRESS CITY-ST-ZIP ORMON  FILLE MGRM COLLIN STREET ADDRESS 404 JAC 404 JAC	MANAGING MEMBER RG, TERRY V30TH STREET VILLE, FL 32605  OSEPH D NDERS TRAIL CIRCLE D BEACH, FL 32174  S, MARK KSON STREET	RS/MANAGERS Delete Delete	10. ITTLE MAME STREE CITY- ITTLE MAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE STREE	E ET ADDRESS -S1-ZIP : E ET ADDRESS -ST-ZIP : E ET ADDRESS -ST-ZIP : E ST-ZIP	I when rainstating)	ADDITIONS	ke check pa la Departmen S/CHANGES	Change	Addition
SIGNATURE  Signature, 1975  Filling Feed Due by M  9.  TITLE MGRM JERTBE 4630 NY GAINES CITY-ST-ZIP MGRM ELLIS, 2 STREET ADDRESS CITY-ST-ZIP ORMON FILLE MGRM COLLIN STREET ADDRESS CITY-ST-ZIP MGRM COLLIN STREET ADDRESS CITY-ST-ZIP PARIS, TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	MANAGING MEMBER RG, TERRY V30TH STREET VILLE, FL 32605  OSEPH D NDERS TRAIL CIRCLE D BEACH, FL 32174  S, MARK KSON STREET	Delete  Delete  Delete	10. ITILE MAME STREE CITY- TITLE MAME STREE CITY- TITLE NAME STREE STREE	E ET ADDRESS -S1-ZIP  E ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP	I when rainstating)	ADDITIONS	ke check pay la Department S/CHANGES	Change Change	Addition  Addition  Addition