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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address
1104 SE WESTCHESTER DRIVE
PORT ST. LUCIE, FL 34952

14013173



3. Mailing Address

Suite, Apt. #, etc.

01262005 Chg-LLC CR2E063 (10/03)

City & State

4. FBI Number

☒	Applied For
☐	Not Applicable

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

7. Name and Address of New Registered Agent

Name _____

City

FL

Zip Code

SIGNATURE

Signature, typed or printed name of registrant is required and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

ADDITIONS / CHANGES

☐ **Output**

□

12

25

□

FILE	☐ Change	☐ Addition
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TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	☐ Change ☐ Addition
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STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.

SIGNATURE: Sylvio de BORTOU April 28 05 (112) 349-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Deadline (Month & Year)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Deadline: February 8