

FILED
Apr 15, 2008 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE



CR2E083 (12/07)

4. FEI Number 20-2398927	Applied For
	Not Applicable
5. Certificate of Status Desired <input checked="checked" type="checkbox"/>	\$5.00 Additional Fee Required

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HUDSON, DOROTHY A
3755 7TH TERRACE, SUITE 101
VERO BEACH, FL 32960

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

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

(NOTE: Registered Agent signature required when reinstating)

110679 DATE 25-1-

04/28/08-80021-012 143.75

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MCNALLY, ROBERT C
STREET ADDRESS	3755 7TH TERRACE, SUITE 101
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 OR AUTHORIZED REPRESENTATIVE

2/27/08

Date _____

772-794-9105

Daytime Phone #