

FILED
Jun 22, 2005 8:00 am
Secretary of State

DOCUMENT # L04000088302

[illegible]

06082005 Chg-LLC CR2E083 (10/03)

4. FEI Number

	Applied For
☒	Not Applicable

City & State

Country

5. Certificate of Status Desired

☐ **\$5.00 Additional Fee Required**

7. Name and Address of New Registered Agent

Name _____

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

City _____

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

10.	ADDITIONS/CHANGES
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TITLE	Manager	☐ Change	☒ Addition
NAME	Evelyn M. Tai		
STREET ADDRESS	4530 NW 23rd Ct, Boca Raton, FL 33431		
CITY - ST - ZIP			

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
NAME	
STREET ADDRESS	
CITY-STATE	

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)(i), 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 609, Florida Statutes.

SIGNATURE:

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

Date:

Devinne et al. 9

6/10/05 (561) 241 5524