	OURT 3414 Business Country Name and Address of Current 5 WILLIAM J E FL, FL 33432 entity submits this statement for	Mailing Address 951 SW 4TH AVE BOCA RATON, FL 33 3. Mailing Address Suite, Apt. #, etc. City & State Zip Registered Agent	Country Name Street Addre	03-23-2006 90256 046 ****50.0 LUUIJJJUD 02112006 Chg-LLC CR2E083 (11/05) 4. FEANumber 2332427 App Not. 5. Certificate of Status Desired \$5.00 Addit Fee Required 7. Name and Address of New Registered Agent EL Zip Code gistered agent, or both, in the State of Florida. Lam familiar with, and agured when rematating) DATE Make check payable to
15575 WOODMAR C WELLINGTON, FL 3 2. Principal Place of Suite, Apt. #, etc. City & State Zip 6. M BLAKESBERG, 951 SW 4TH AV BOCA RATON, I 8. The above named the obligations of SIGNATURE Signature Filling F Due by 9. TITLE NAME SIRLET ADDRESS 1557 CITY-ST-ZIP WEL INTLE NAME ROS	OURT 3414 Business Country Name and Address of Current S WILLIAM J E FL, FL 33432 entity submits this statement for registered agent. typed or printed name of registered agent a See is \$50.00	951 SW 4TH AVE BOCA RATON, FL 334	Country Name Street Addre City ts registered office or reg	02112006 Chg-LLC CR2E083 (11/05) 4. FEANumber A332427 App 5. Certificate of Status Desired \$5.00 Addither Fee Required 7. Name and Address of New Registered Agent EL Zip Code gistered agent, or both, in the State of Florida. 1 am familiar with, an familiar with, an familiar with, and the state of Florida. 1 am familiar with, and the state of Florida. 1 am familiar with, and the state of Florida. 1 am familiar with, and the state of Florida. 1 am familiar with, and the state of Florida. 1 am familiar with, and the state of Florida. 1 am familiar with, and the state of Florida. 1 am familiar with, and the state of Florida. 1 am familiar with, and the state of Florida. 1 am familiar with, and the state of Florida. 1 am familiar with, and the state of Florida. 1 am familiar with, and the state of Florida. 1 am familiar with, and the state of Florida. 1 am familiar with, and the state of Florida. 1 am familiar with, and the state of Florida. 1 am familiar with and the state of Florida. 1 am familiar with and the state of Florida. 1 am familiar with and the state of Florida. 1 am familiar with and the state of Florida. 1 am familiar with and the state of Florida. 1 am familiar with and the state of Florida. 1 am familiar with and the state of Florida. 1 am familiar with and the state of Florida. 1 am familiar with and the state of Florida. 1 am familiar with and the state of Florida. 1 am familiar with and the state of Florida. 1 am familiar with and the state of Florida. 1 am familiar with and the state of Florida. 1 am familiar with and the state of Florida. 1 am familiar with and the state of Florida. 1 am familiar with and the state of Florida. 1 am familiar with and the st
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indicated on this	hat the information supplied with report is true and accurate and ompany or the receiver or trustee	that my signature shall have	ve the same legal effect a	ined in Chapter 119, Florida Statutes. I further certify that the informasi if made under oath; that I am a managing member or manager Chapter 608, Florida Statutes