

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90133 019 ****50.00

DOCUMENT # L05000017249

1. Entity Name
FORE EQUITY, LLC



Principal Place of Business
**751 CAPTIVA COURT NE
ST. PETERSBURG, FL 33702**

Mailing Address
**751 CAPTIVA COURT NE
ST. PETERSBURG, FL 33702**

20000802



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

01082007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number **20-2361433**
APPLIED FOR

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAGUIRE, JOHN P
4033 12TH STREET NE
ST. PETERSBURG, FL 33703**

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

FL

Zip Code

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 of state of registered agent and office if applicable

(NOTE: Required for any change of registered agent or office)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MAGUIRE, JOHN P
4033 12TH STREET NE
ST. PETERSBURG, FL 33703** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FRESE, ANTHONY C
751 CAPTIVA COURT NE
ST. PETERSBURG, FL 33702** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
O'BERRY, ALTON R III
5045 31ST AVENUE N
ST. PETERSBURG, FL 33710** ☐ Delete

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

TITLE
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STREET ADDRESS
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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 officer 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Case File #

Anthony C Frese **ANTHONY C FRESE 1-8-07 727-521-0304**