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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, Flor indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; the limited liability company or the receiver or hustee empowered to execute this report as required by Chapter 608, Florida State SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	orida Statutes. I further certify that the information that I am a managing member or manager of the atutes.