



FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000058748 1. Entity Name CONGA STREET, LLC			
Principal Place of Business 3643 HILLIARD RD. JACKSONVILLE, FL 32217		Mailing Address 3643 HILLIARD RD. JACKSONVILLE, FL 32217	
DO NOT WRITE IN THIS SPACE			
		04222008 No Chg-LLC CR2E083 (12/07)	
		4. FEI Number 20-3012090 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent EISENSTEIN, CHYRL 3643 HILLIARD RD. JACKSONVILLE, FL 32217		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9. MANAGING MEMBERS/MANAGERS		<div>060000921605 05/15/08-80014-003 138.75</div> DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EISENSTEIN, THOMAS 3643 HILLIARD RD. JACKSONVILLE, FL 32217		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EISENSTEIN, CHYRL 3643 HILLIARD RD. JACKSONVILLE, FL 32217		
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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: <u>Chyrl Eisenstein</u> Chyrl Eisenstein 4/22/08 904 3335049		Date Daytime Phone #	