

FILED
Apr 02, 2008 8:00 am
Secretary of State

DOCUMENT # L05000063300



Mailing Address
149 EBBTIDE DR.
NORTH PALM BEACH, FL 33408

3. Mailing Address
121 ANCHORAGE DR. South
Suite, Apt. #, etc.

03252008 Chg-LLC CR2E083 (12/06)

City & State

4. FEI Number
20-3058517

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

YOUNG, FRANK E
148 EBBTIDE DRIVE
NORTH PALM BEACH, FL 33408

Name _____

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

Street Address (P.O. Box Number is Not Acceptable)
121 ANCHORAGE DR. South

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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

9. MANAGING MEMBERS/MANAGERS

10.	ADDITIONS/CHANGES
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TITLE	MGRM	<input type="checkbox"/> Delete
NAME	YOUNG, FRANK E	
STREET ADDRESS	149 EBBTIDE DR.	
CITY - ST - ZIP	NORTH PALM BEACH, FL 33408	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	DAVIS, RYAN	
STREET ADDRESS	4510 ROYAL PALM BEACH BOULEVARD	
CITY - ST - ZIP	ROYAL PALM BEACH, FL 33411	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	PUZZITIELLO, RAYMOND	
STREET ADDRESS	4510 ROYAL PALM BEACH BOULEVARD	
CITY-ST- ZIP	ROYAL PALM BEACH, FL 33411	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	..	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	121 ANCHORAGE DR. South
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8468 112 th TERR NORTH
CITY-ST-ZIP	WEST PALM BEACH FL 33412

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2143 UNION ST.
CITY-ST-ZIP	WEST PALM BEACH FL 33411

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

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

Date _____

Daytime Phone #

FRANK E. YOUNG