

FILED
May 02, 2007 8:00 am
Secretary of State

DOCUMENT # L05000070298



Mailing Address
2510 E. OAKLAND PARK BLVD.
FT. LAUDERDALE, FL 33306

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Zip

Country

03062007 Chg-LLC CR2E083 (12/06)

4. FEI Number
56-2520203

Applied For
Not Applicable

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

DVORAK, THOMAS W
2510 E. OAKLAND PARK BLVD.
FORT LAUDERDALE, FL 33306

Name _____

Street Address (P.O. Box Number is 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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
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TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DVORAK, THOMAS A	
STREET ADDRESS	3001 CORAL SHORES DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33306	

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

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DVORCIK, THOMAS W	
STREET ADDRESS	2510 E. OAKLAND PARK BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306	typo

TITLE	16RM	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Dvorak Thomas W.		
STREET ADDRESS	2510 E Oakland Ek. Blvd		
CITY - ST - ZIP			

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

TITLE	Ft. Lauderdale, FL		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				
STREET ADDRESS				
CITY - ST - ZIP				

TITLE	<input type="checkbox"/> Delete
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"/> Delete
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"/> Delete
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 # _____