

FILED
May 01, 2006 8:00 am
Secretary of State

DOCUMENT # L05000076051

Mailing Address
4060 BRECKLAND COURT
SPRING HILL, FL 34609 US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

03172006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3218462

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent:

7. Name and Address of New Registered Agent

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, 2006**

**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	MONTALBANO, MARYANN J	
STREET ADDRESS	4060 BRECKLAND COURT	
CITY - ST - ZIP	SPRING HILL, FL 34609	

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

TITLE ☐ 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
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CITY - ST - ZIP	

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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: Maryann J. Montalvano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-24-06

Date _____

352-263-2883

Daytime Phone #