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9/8/2006-90043-046-\$50.00 SECRETARY OF STATE DIVISION OF CORPORATIONS

DOCUMENT # L05000081833  1. Entity Name DEBORAH JOZWIAK LMT, CT, LLC							OF SEP 14	CORPORATIO	NS
Principal Plac 11211 S MIL #5614 BOYNTON BI	ITARY TRAII	L	Meiling Address 11211 S MILITARY TRAIL #5614 BOYNTON BEACH, FL 33436			- Dunna	/ 	BEIR IMA WALIOT RIVE	DILUBA AH CUBA
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			09052006	Chg-LLC	CR2E083 (11/05)	)
City & State			City & State			4. FEI Num	430540	<u> </u>	pplied For lot Applicable
Zip	Country		Zip	Country		5. Certifical	e of Status Desired	S \$5.00 Ac	
· · ·	6. Name	and Address of Current R	egistered Agent		Name	7. Name an	d Address of New Re	gistered Agent	
JOZWIAK, DEBORAH L 11211 S MILITARY TRAIL			Street /			s (P.O. Box Num	ber is Not Acceptable)		
#5614 BOYNTON BEACH, FL 33436									
					City			FL Zip Con	de
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 lamiliar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typed or primed name of registored agent and title if applicable (MOTE: Registered Agent agreture required when ranstating)  DATE									
Fil Due t	ing Fee is by Septen	s \$50.00 nber 15, 2006					check payable to Department of Sta	to	
9.	MANAGING MEMBERS/MANAGERS 1						ADDITIONS/C	HANGES	
TITLE	MGR	, DEBORAH L	☐ Delete	DIL.	F			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	11211 S M	MILITARY TRAIL #5814 N BEACH, FL 33436		STREET ADDRESS CITY-ST-ZIP					
TITLE			Delete TITLE					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP					et adoress -st-zep				
TITLE			☐ Delete			*		☐ Change	Addition
NAME STREET ADDRESS	To the second se		NAM		E Et adoress				_
CITY-ST-ZIP					-ST-ZIP				
TITLE			Delete TITLE					☐ Change	Addition
NAME STREET ADDRESS				NAME STRE	ET ADORESS				
CITY-ST-ZIP	ļ			CITY	ST-ZIP				
TITLE NAME			Delete TITLE NAME					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP				STRE	ET ADDRESS -ST-ZIP				,
TITLE	<del>                                     </del>			MILE	+ -			Change	Addition
NAME CIRCET ANDRESS	NAME STREET ADDRESS			NAME Street add					
CITY-\$1-ZIP	<u> </u>				-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 they eceiver or trustee employered to execute this rector; as required by Chapter 608, Florida Statutes.									
SIGNATURE: Deborah L. Jorwiak 9-5-06 954-579-7156									
SIGNATURE: DESAFON OF COULORS OF SECURING HANAGER HANAGER OF AUTHORITO REPRESENTATIVE DAYS OF COURSE OF THE PROPERTY OF AUTHORITOR PROPERTY ATIVE									