DOCUMENT # 1050000082548 I. Entil y lands INISAIR MARKET STREET, LL.C. MISAIR MARKET STREET, LL.C.C. MISAIR MARKET STR	200	E LIMITED LIA	BILITY CON EPORT (AR)		NY X	Que of the second	
PALM CITY FL 34990 2. Principal Place of Business Suite, Apil, R. etc. Suite, Apil, R	1. Entity Name					LEU COMM	
PALM CITY FL 34990 2. Principal Place of Business Suite, Apil, R. etc. Suite, Apil, R					COPPORATIONS A 1-5100		
PALM CITY FL 34990 2. Principal Place of Business Suite, Apil, R. etc. Suite, Apil, R	Principal Place of Business		Mailing Address 06 JUL		06 JOF 13	AH In: 30	
Suite, Api, E, etc. Suite, Api, E, etc. City & State Suite Address of Current Registered Agent Nume Surged Address of Nume and Address of Current Registered Agent Nume Nume Nume Nume Nume Surged Address (P.O. Box Numbers of Number is Not Acceptable) City FL Zip Code The above numerically depths as asserting the purpose of changing its registered differ or registered agent, or both, in the State of Founda. I am familiar with, and accept makes from the purpose of changing its registered office or registered agent, or both, in the State of Founda. I am familiar with, and accept makes from the purpose of changing its registered office or registered agent, or both, in the State of Founda. I am familiar with, and accept makes from the purpose of changing its registered differ to report agent agen			3307 S.W. BESSEY CREEK TRAIL PALM CITY FL 34990		AIL		
City & State City & State City & City & State						hel	
St. Country Zip Country S. Contract St. 00 Additional Fee Required St. 00 Additional	Suite, Apt. #, 6	etc.	Suite, Apt. #, etc.			1st MOORE CR2E083 (10/05)	
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NULPOONEY, CHRISTINE N 3307 S.W. BESSEY CREEK TRAIL PALM CITY FL 34990 City City City FL Zip Code R. The above namely femily application this statement the purpose of changing its registered office or registered agent, or both, in the State of Porta. I am familiar with, and accept the obligators, of registering agenty FILE NOW/IF FEE IS \$50.499. ABINCT CITIES MAY 2 2006 FILE NOW/IF FEE IS \$50.499. MANAGING MEMBERS / Division or private are registered agent, or both, in the State of Porta. I am familiar with, and accept the obligators, or registered agent, or both, in the State of Porta. I am familiar with, and accept the obligators, or registered agent, or both, in the State of Porta. I am familiar with, and accept the obligators, or registered agent, or both, in the State of Porta. I am familiar with, and accept the obligators, or registered agent, or both, in the State of Porta. I am familiar with, and accept the obligators, or registered agent, or both, in the State of Porta. I am familiar with, and accept the obligators, or registered agent, or both, in the State of Porta. I am familiar with, and accept the obligators, or registered agent, or both, in the State of Porta. I am familiar with, and accept the obligators agent	City & State					4. FEI Number 20 4417685 Applied For Not Applicable	
MULPOONEY, CHRISTINE N 3307 S.W. BESSEY CREEK TRAIL PALM CITY FL 34990 City City FL Zip Code City City FL Zip Code Addition or registered algent, or both, in the State of Florida. Learn familiar with, and accept the code of Florida and algorithms are allowed for transport of State City Sp. Jip Marke City City FL Zip Code City FL Zip Code City FL Zip Code Addition Name SIREN ADDITIONS (CHANGES) City 5-72	Zip	Country	Zip	Coun	try		
MULROONEY, CHRISTINE N 3307 S.W. BESSEY CREEK TRAIL PALM CITY F1 34990 City FL Zip Code 8. The above namey family of the this statement for the purpose of changing its registreed office or registreed agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registreed agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registreed agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registreed agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registreed agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registreed agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registreed agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registreed agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registreed agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registreed agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registreed agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the control of Florida State of Florida. I am familiar with, and accept the obligations of the control of Florida State of Florida. I am familiar with, and accept the obligation of Florida State of Florida. I am familiar with, and accept the obligation of Florida State of Florida. I am familiar with, and accept the obligation of Florida State of Florida Sta		6. Name and Address of Current I			Alama	7. Name and Address of New Registered Agent	
3307 S.W. BESSEY CREEK TRAIL PALM CITY FL 34990 City FL Zip Code B. The above namey emity by firsts this statement in the purpose of changing its registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registering degree agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registering degree agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registering degree agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registering degree agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registering degree agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registering degree agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registering degree agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registering degree agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registering agent a	MULRO	OONEY, CHRISTINE N					
8. The above name-prentiphysights his statement for the purpose of changing its registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Porida. Decide of Porida. Poridate of	3307 S.W. BESSEY CREEK TRAIL				Street Address (P.O. Box Number is Not Acceptable)	
SIGNATURE CHIEF Reparament in agriculture Chieff Reparament in agriculture Chie		12-				!" '	
TILE NOW! IF FEITS \$5.000. TABLES NOW IN THE STATE OF THE	SIGNATURE CELEBRATION MUNICIPALITY 4/10/06						
SHET ADDRESS OTY-ST-ZP TITLE MARKE CHECK Payable to Strotids Department of State TODE BY Maya 2016 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MARK NISA, PHILLIP JR. NAME STRET ADDRESS OTY-ST-ZP STUART FL 34994 TITLE NAME STRET ADDRESS OTY-ST-ZP TITLE Detels TITLE Detels TITLE NAME STRET ADDRESS OTY-ST-ZP TITLE NAME STRET ADDRESS OTY-ST-ZP TITLE Detels TITLE							
9. MANAGING MEMBERS MANAGERS 10. ADDITIONS / CHANGES TITLE MORPM NISA, PHILIP JR. STO MANOR DRIVE STOWNER NORS, DESTRICT MORESS CITY-SI-ZP STUART FL. 34994 TITLE NAME STREET MORESS CITY-SI-ZP TITLE NAME STREET ADDRESS C	表一点,就是这些一个人的一个人,但是这些是一个人的,我们就是这些一个人的,我们就是这个人的,我们就是这个人的,我们就是这一个人的。						
TITLE MARK NAME NISA, PHILIP JR. STREET ADDRESS CITY-ST-ZP STOWNANOR DRIVE STUART FL. 34994 TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CIT			Due	By M	ay 1, 2006		
NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P Delete TITLE NAME STREET ADDRESS CITY-ST-2P		···		_	· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP STUART FL 34994 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE			المامة	NAM	E		
TITLE Delete ITTLE Delete ITTLE De]					108/06 90043 007 \$50, a	
STREET ADDRESS CITY-ST-ZP TITLE Delete TITLE			☐ Delete				
CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Change CITY-ST-ZIP TITLE Delete TITLE]				- I	·	
NAME SIRET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIRET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIRET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIRET ADDRESS CITY-ST-ZIP Addition NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-ST-ZIP Addition NAME SIRET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADRESS CITY-ST-ZIP ADRESS CITY-ST					ı		
STREET ADDRESS CITY-ST-ZP TITLE Delete TITLE	l †		Delete		- I	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-S1-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE STREET ADDRESS	STREET ADDRESS			STRE	ET ADDRESS,		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TI			☐ Delete		l	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 Section 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 of manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: Addition Addition 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 Section 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 of manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:	! !				·	0	
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE 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 Section 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 of manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: ALWOW TWO TRUETS TO TRUETS	CITY-ST-ZIP	<u></u>		CITY	-ST-ZIP	15. ISE	
STREET ADDRESS CITY-ST-ZIP TITLE Delate TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: STREET ADDRESS CITY-ST-ZIP CITY-S	l l		☐ Delete		l	Change Change	
TITLE 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 Section 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 of manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:	1				- 1		
STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:	 					37	
STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of 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:	1		L_1 Detate		,	-	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:	1 1					IAI RAII . 3	
indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am a managing member of manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:	11. I hereby cert	tify that the information supplied with	h this filing does not qualify fo	or the e	kemptions containe	ad in Section 119, Florida Statutes. I further certify that the information	
SIGNATURE: SIGNATURE AND TYPED ORAPSITED NAME OF BIGING MANAGRING MEMBER, BLANAGER, OR AUTHORIZED REPRESENTATIVE Date Digiting Dates 203	indicated on	this report is true and accurate and	t that my signature shall have	the sa	me legal effect as i	if made under cath; that I am a managing member of manager of the	
SIGNATURE: THE DAME OF BIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE (Date Dayling Plant 203		$\Omega_{c} \cap \Omega_{l}$	· L			Alimini Francisco	
			F SIGNING MANAGING NEWBER, MAI	LAGER, OF	AUTHORIZED RÉPRESE	17/000 (12/283-0909 ENTATIVE (Date Degime Ports 203	