

FILED
Apr 17, 2006 8:00 am
Secretary of State

DOCUMENT # L05000096695

Mailing Address
3520 THOMASVILLE ROAD, SUITE 200
TALLAHASSEE, FL 32309

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

4. FEI Number 20-3418380	Applied For
	Not Applicable

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

7. Name and Address of New Registered Agent

Name _____

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

City

FL

Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

ADDITIONS/CHANGES

☐ Delete☐ Delete

54

10

100

ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

2020 2021

1000000

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

120

Daytime Phone # _____