

FILED
Mar 13, 2006 8:00 am
Secretary of State

DOCUMENT # L05000099935

Mailing Address
2806 US HWY 90 W SUITE 101
LAKE CITY, FL 32055

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

03062006 Chg-LLC CR2E083 (11/05)

| | |
|-------------|--|
| Applied For | |
|-------------|--|

| |
|----------------|
| Not Applicable |
|----------------|

☐ **\$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

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, 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

2806 US HWY 90 W SUITE 101
LAKE CITY, FL 32055

☐ Delete Delete

 Delete

☐ Delete

10/10

☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone # _____