

FILED
May 02, 2007 8:00 am
Secretary of State

DOCUMENT # L05000111047

Mailing Address
1 STEINBRENNER DRIVE
TAMPA, FL 33614

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Country

CR2E083 (12/06)

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

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**

10.	ADDITIONS/CHANGES
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SIGNATURE:

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

Date _____

Daytime Phone # _____