

DOCUMENT # L05000112156



FILED
06 SEP -5 AM 8:22
SECRET

SECRETARY OF STATE
TALLAHASSEE



Mailing Address
P.O. BOX 886
CRAWFORDVILLE FL 32327

3. Mailing Address
93 Bettywood Circle
Suite, Apt. #, etc.

2nd MOORE CR2E083 (4/06)

City & State Crawfordville Fl
Zip 32326 Country USA

4. FEI Number	<input type="checkbox"/>	Applied For
	<input checked="" type="checkbox"/>	Not Applicable

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

7. Name and Address of New Registered Agent

Name Robert Bouchard J Jr
Street Address (P.O. Box Number is Not Acceptable)
93 Bettywood Circle
City Crawfordville

SIGNATURE Robert J. Woodward Jr.
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

ADDITIONS / CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Robert Bouchard, Jr.		
STREET ADDRESS	93 Bettywood Circle		
CITY - ST - ZIP	Crawfordville FL 32326		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	600079732946	
STREET ADDRESS	09/12/06--01066--004 **55.00	
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Robert J Bouchard Jr Sept 5 06 528 3217
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #