

FILED
May 01, 2006 8:00 am
Secretary of State

DOCUMENT # L05000113399



Mailing Address
6600 MADISON STREET
NEW PORT RICHEY, FL 34652

3. Mailing Address
1814 Wellness Lane
Suite, Apt. #, etc.

City & State
New Port Richey FL

Zip 34652	Country
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04192006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3912279	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

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**

9. MANAGING MEMBERS/MANAGERS

ADDITIONS/CHANGES

TITLE	MEM	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SAID NADER		
STREET ADDRESS	1814 Wellness Lane		
CITY-ST-ZIP	New Port Richey FL 34652		

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	

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

SIGNATURE:

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

Date _____

Daytime Phone #