

FILED
Mar 21, 2007 8:00 am
Secretary of State

DOCUMENT # L06000024807

Mailing Address
6639 WATERTON DRIVE
RIVERVIEW, FL 33569

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

01182007 Chg-LLC CR2E083 (12/06)

4. FBI Number 82-0765149

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name Mary L. Dygert

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

6639 Waterton Dr.

City Riverview

FL

Zip Code 33

Zip Code 33569

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: W. Van A. Nijest
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9.	MANAGING MEMBERS/MANAGERS
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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

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

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

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

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

10.	ADDITIONS/CHANGES
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TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	George E Dygert		
STREET ADDRESS	6639 Watertown Dr.		
CITY-ST-ZIP	Riverview, FL 33569		

TITLE	V Pres	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Mary L Dygert		
STREET ADDRESS	6639 Watertown Dr.		
CITY-ST-ZIP	Riverview, FL 33569		

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:

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

Date _____

Daytime Phone # _____