

FILED
May 22, 2007 8:00 am
Secretary of State

40117803

1. The first part of the document is a header section containing the following information:

- Project Name: [REDACTED]
- Project Number: [REDACTED]
- Project Location: [REDACTED]
- Project Start Date: [REDACTED]
- Project End Date: [REDACTED]
- Project Manager: [REDACTED]
- Project Sponsor: [REDACTED]
- Project Status: [REDACTED]
- Project Description: [REDACTED]
- Project Objectives: [REDACTED]
- Project Scope: [REDACTED]
- Project Budget: [REDACTED]
- Project Risk: [REDACTED]
- Project Impact: [REDACTED]
- Project Benefits: [REDACTED]
- Project Challenges: [REDACTED]
- Project Opportunities: [REDACTED]
- Project Risks: [REDACTED]
- Project Mitigation: [REDACTED]
- Project Monitoring: [REDACTED]
- Project Reporting: [REDACTED]
- Project Communication: [REDACTED]
- Project Stakeholders: [REDACTED]
- Project Roles: [REDACTED]
- Project Responsibilities: [REDACTED]
- Project Deliverables: [REDACTED]
- Project Milestones: [REDACTED]
- Project Timeline: [REDACTED]
- Project Gantt Chart: [REDACTED]
- Project PERT Chart: [REDACTED]
- Project Network Diagram: [REDACTED]
- Project Resource Allocation: [REDACTED]
- Project Resource Utilization: [REDACTED]
- Project Resource Management: [REDACTED]
- Project Resource Planning: [REDACTED]
- Project Resource Control: [REDACTED]
- Project Resource Optimization: [REDACTED]
- Project Resource Allocation Matrix: [REDACTED]
- Project Resource Utilization Matrix: [REDACTED]
- Project Resource Management Matrix: [REDACTED]
- Project Resource Planning Matrix: [REDACTED]
- Project Resource Control Matrix: [REDACTED]
- Project Resource Optimization Matrix: [REDACTED]
- Project Resource Allocation Matrix: [REDACTED]
- Project Resource Utilization Matrix: [REDACTED]
- Project Resource Management Matrix: [REDACTED]
- Project Resource Planning Matrix: [REDACTED]
- Project Resource Control Matrix: [REDACTED]
- Project Resource Optimization Matrix: [REDACTED]

02232007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4671043	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

THE FLORIDA INCORPORATING COMPANY
1203 GOVERNORS SQUARE BLVD.
STE 101
TALLAHASSEE, FL 32301-2960

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

Signature, typed or printed name of registered agent and true bill application: _____

DATE _____

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

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	COTTO, OWEN	
STREET ADDRESS	540 NW 121ST	
CITY-ST-ZIP	NORTH MIAMI, FL 33168	

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

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

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

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

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

TITLE ☐ Delete
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"/> Delete
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 #