

FILED
May 04, 2007 8:00 am
Secretary of State

DOCUMENT # L06000049660

60048823

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Applied For
Not Applicable

7. Name and Address of New Registered Agent

Name _____

City

FL

Zip Code	
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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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 Delete

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 Delete

TITLE	MSR	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition**SIGNATURE:**

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

Date _____

Daytime Phone # _____