

FILED
Mar 20, 2008 8:00 am
Secretary of State

DOCUMENT # L06000085332

Mailing Address
10100 INTERNATIONAL DR.
SUITE 2001
ORLANDO, FL 32821

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Zip

Country

01252008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5468490

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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

9.	MANAGING MEMBERS/MANAGERS
----	---------------------------

10.	ADDITIONS/CHANGES
-----	-------------------

TITLE	P	<input type="checkbox"/> Delete
NAME	FORST, MICHAEL	
STREET ADDRESS	10100 INTERNATIONAL DR. #2001	
CITY-ST-ZIP	ORLANDO, FL 32821	

TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Frost, Michael H.		
STREET ADDRESS	10100 International Dr. #2001		
CITY - ST - ZIP	Orlando, FL 32821		

TITLE	V	<input type="checkbox"/> Delete
NAME	STOLZ, ROBERT	
STREET ADDRESS	10100 INTERNATIONAL DR. #2001	
CITY - ST - ZIP	ORLANDO, FL 32821	

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

TITLE	V	<input type="checkbox"/> Delete
NAME	HEINTZ, DONALD	
STREET ADDRESS	10100 INTERNATIONAL DR. #2001	
CITY-ST-ZIP	ORLANDO, FL 32821	

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

TITLE	V	<input type="checkbox"/> Delete
NAME	MOREL, FLORIAN	
STREET ADDRESS	10100 INTERNATIONAL DR. #2001	
CITY-ST-ZIP	ORLANDO, FL 32821	

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

TITLE	V	<input type="checkbox"/> Deleted
NAME	WRIGHT, COLIN	
STREET ADDRESS	10100 INTERNATIONAL DR. #2001	
CITY - ST - ZIP	ORLANDO, FL 32821	

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

TITLE	C	<input type="checkbox"/> Delete
NAME	JENKINS, DONNA	
STREET ADDRESS	10100 INTERNATIONAL DR. #2001	
CITY - ST - ZIP	ORLANDO, FL 32821	

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

2128108

Date _____

Daytime Phone #