DOCUMENT # L06000089184

1. Entity Name
OPPORTUNITY, LLC

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90026 048 ***143.75

Principal Place of Business	Mailing Address
4400 NORTH HIGHWAY 19A UNIT 1 MT DORA, FL 32757	4400 NORTH HIGHWAY 19A UNIT 1 MT DORA, FL 32757

04172008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
13409 Biscayne Dr		13409 Biscayne Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Grand Island, FL		City & State: Grand Island, FL	
Zip: 32735	Country	Zip: 32735	Country

4. FEI Number 20-5524281 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VALDES, MIRTHA V CPA
420 S COUNTRY CLUB ROAD
LAKE MARY, FL 32746

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM JIMENEZ, PATRICIA L 4400 NORTH HIGHWAY 19A UNIT 1 MT. DORA, FL 32757	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Patricia L Campos 4/17/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #