

FILED
Jan 22, 2008 8:00 am
Secretary of State

DOCUMENT # L06000090273

Mailing Address
P.O. BOX 290069
TAMPA, FL 33687

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

01172008 Chg-LLC CR2E083 (12/06)

4. FEI Number **26-1440144**
~~NOT APPLICABLE~~

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

GRAMLING, MICHAEL
1524 N. RIVERHILLS DRIVE
TEMPLE TERRACE, FL 33617

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
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TITLE	MGR	<input type="checkbox"/> Delete
NAME	GRAMLING, J. MICHAEL	
STREET ADDRESS	1524 N. RIVERHILLS DRIVE	
CITY - ST - ZIP	TEMPLE TERRACE, FL 33617	

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	

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STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS		
CITY - ST - ZIP		

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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

1/17/08 (813) 988-9171