

FILED
Apr 30, 2007 8:00 am
Secretary of State

DOCUMENT # L06000101738

Mailing Address
350 BOCA CIEGA DRIVE
MADEIRA BEACH, FL 33708 US

3. Mailing Address
PO BOX 55368

Suite, Apt. #, etc.

04272007 Chg-LLC CR2E083 (12/06)

City & State
ST PETERSBURG FL

4 FEI Number
20-5818037

Applied For
Not Applicable

Zip	Country
33732	USA

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1384 - 54th AVE NE

City
ST PETERSBURG

FL | Zip Code **33703**

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 _____

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	ADAMS, TIMOTHY J	
STREET ADDRESS	350, BOCA CIEGA DRIVE	
CITY - ST - ZIP	MADEIRA BEACH, FL 33708	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ADAMS, TIMOTHY J	
STREET ADDRESS	350 BOCA CIEGA DRIVE	
CITY-ST-ZIP	MADEIRA BEACH, FL 33708	

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

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

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

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

10.	ADDITIONS/CHANGES
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TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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: TIMOTHY ADAMS 4/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/27/07

727/327-1256

Date _____

Daytime Phone #