## FILED Aug 10, 2007 8:00 am Secretary of State

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1. Entity Nam	MENT # L06000103				· ·			,,,
				<u> </u>		- 00	19190	
Principal Place 12706 LAME TAMPA, FL 3	BRO PLACE	Mailing Address 12706 LAMBRO PLACE TAMPA, FL 33624	Ē	•	]	300	12190	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	<del></del>					
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		07032007		R2E083 (12/06)		
City & State		City & State			4. FEI Number	<u></u>		pplied For ot Applica
Zip	Country	Zip	Country		Į.	<u> </u>	\$5.00 Ad Fee Require	
ļ	6. Name and Address of Current	Registered Agent	No.	<u> </u>	7. Name and	Address of New Regis	tered Agent	
LUND, LARS E 12706 LAMBRO PLACE TAMPA, FL 33624				Name Street Address (P.O. Box Number is Not Acceptable)				
IONIFA	L 33024							
			Cit	y			FL Zip Coo	le
8. The above the obligat	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered offi	ce or register	red agent, or bot	h, in the State of Florida	I am familiar with	and acce
SIGNATURE .	Signeyal e, typed or printed name of physiciansid figure	and ettle if applicable. (NOTE	: Registered Agent	signature required	) when reinstating)	07/0	1 07 mt	
Pil								
	ling Fee is \$50.00 by September 14, 2007						eck payable to partment of Stat	te
		ERS/MANAGERS	10.				partment of Stat	
9.	by September 14, 2007	ERS/MANAGERS	mre	M	GRM	Florida De	partment of Stat	De Additi
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9. ITTLE NAME STREET ADDRESS	by September 14, 2007		TITLE NAME STREET ADDR	ESS LAC	as Lun st Lamb	ADDITIONS/CHA	Pertment of State	
9. ITILE NAME STREET ADDRESS CITY-SI-ZIP	by September 14, 2007	☐ Deletæ	TITLE NAME STREET ADDR CITY-ST-21P	ESS 12.70	RS LUN SL LAMB SPA FL	ADDITIONS/CHA	partment of Stat	Additi
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limited liability company of the receiver or to see empowered to execute this report as required by Chapter 608, Florida Statutes.