1. Entity Name	NT # L06000112 stments, llc	147		<u>_</u> , M		08 08:00 y of State
Principal Place of Bu 821 QUEENS HARB JACKSONVILLE, FL	OUR DRIVE	Mailing Address 821 QUEENS HARBOUR DRIVI JACKSONVILLE, FL 32225				DIL OTALI TAODEE IN EDDE
DO	NOT WRITE	IN THIS SPA	CE	01172008 No Chg-LLC 4. FEI Number 20-5926183 5. Certificate of Status Des	CR2E083	
· 6. I	Name and Address of Current I	Registered Agent	J .	S. Certificate of Status Des	Fee	Required
TREMBLAY, FR 821 QUEENS H JACKSONVILLE	ARBOUR DRIVE		• • . • •	DO NOT IN THIS		х 4. 4 - 4
SIGNATURE	registered agent.	nd title if applicable. (NOTE Register	ed Agent signature required	when reinstating)	DATE	,, , , , , , , , , , , , , , , , , , ,
SIGNATURE Signature FILE NOW After May 1, 20 9. 11TLE MGR	N typed or printed name of registered agent a 111 FEE 13 \$138.75 008 Fee will be \$538.75 MANAGING MEMBE		ed Agent signature required	when reinstaung)	DATE	H H Xa *********************************
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