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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 inform 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 or limited liability company or the receiver or trustee empewered to execute this report as required by Chapter 608, Florida Statutes.	NAME			CITY-ST-ZIP				