

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

60030840

[illegible]

04212008 Chg-LLC CR2E083 (12/06)

4. FEI Number	<input checked="" type="checkbox"/>	Applied For
	<input type="checkbox"/>	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**

KURVIN, STEPHEN H  
7 SOUTH LIME AVENUE  
SARASOTA, FL 34237

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	MGRM	<input type="checkbox"/> Delete
NAME	TIFFANY, ROBERT M	
STREET ADDRESS	32007 CLAY GULLY ROAD	
CITY-ST-ZIP	MYAKKA CITY, FL 34251	

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

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	TIFFANY, BARBARA G	
STREET ADDRESS	32007 CLAY GULLY ROAD	
CITY - ST - ZIP	MYAKKA CITY, FL 34251	

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

TITLE	MGR	<input type="checkbox"/> Delete
NAME	QUATTLEBAUM, VALERIE	
STREET ADDRESS	32115 CLAY GULLY ROAD	
CITY - ST - ZIP	MYAKKA CITY, FL 34251	

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

TITLE	MGR	<input type="checkbox"/> Delete
NAME	QUATTLEBAUM, CHRISTOPHER	
STREET ADDRESS	32115 CLAY GULLY ROAD	
CITY - ST - ZIP	MYAKKA CITY, FL 34251	

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

TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	TIFFANY, BRIAN R	
STREET ADDRESS	12510 N. 104TH STREET	
CITY - ST - ZIP	SCOTTSDALE, AZ 85260	

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	

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: Barbara G. Tiffany <sup>MGRM</sup> Barbara G. Tiffany 4/21/08 941-322-9852  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #