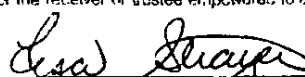


FILED
May 15, 2008 8:00 am
Secretary of State

04-11-2008 90190 001 ***277.50

DOCUMENT # L07000086714				Secretary of State 04-11-2008 90190 001 ***277.50	
1. Entity Name 3RLC, LLC					
Principal Place of Business 763 SHAMROCK BOULEVARD VENICE FL 34293 US		Mailing Address 763 SHAMROCK BOULEVARD VENICE FL 34293 US			
2. Principal Place of Business - No P.O. Box # 742 Shamrock Blvd		3. Mailing Address 742 Shamrock Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E083 (10/07)	
City & State		City & State		4. EEI Number 260874692	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired ☐		5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KLINGBEIL, ROBERT T JR 341 W. VENICE AVENUE VENICE FL 34285			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent's Signature and Name are of which are required)					
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
MGRM STRAYER, ROBERT B JR 763 SHAMROCK BOULEVARD VENICE FL 34293			742 Shamrock Blvd		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
MGRM STRAYER, LISA C 763 SHAMROCK BOULEVARD VENICE FL 34293			742 Shamrock Blvd		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE 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 Section 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:  1/24/08 9414971290					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					