

FILED
Apr 23, 2008 8:00 am
Secretary of State

DOCUMENT # L07000108981

Mailing Address
8755 SOUTHERN BREEZE DRIVE
ORLANDO, FL 32836 US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

CR2E083 (12/06)

Applied For
Not Applicable

☐ **\$5.00** Additional Fee Required

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Make check payable to
Florida Department of State**

10.	ADDITIONS/CHANGES
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☐ Delete

 Delete

☐ Select

614

☐ Change ☒ Addition☐ Change ☐ Addition

☐ Subtract ☐ Addition

☐ Change ☐ Addition

100 *Journal of Management Inquiry*

Age Group	Percentage
18-29	65
30-39	75
40-49	85
50-59	90
60+	95

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.

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Check # 1484

SIGNATURE: Roger D. Berry ROGER D. BERRY 4/4/2008 407-496-7876

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #