



04-23-2008 90127 025 ***138.75

DOCUMENT # L07000126878				Secretary of State	
1. Entity Name EDL, LLC		04-23-2008 90127 025 ***138.75			
Principal Place of Business 1320 N. 15TH STREET IMMOKALEE, FL 34142		Mailing Address 1320 N. 15TH STREET IMMOKALEE, FL 34142 <i>change of mailing</i>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 1990			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02082008 Chg-LLC CR2E083 (12/06)	
City & State		City & State Immokalee		4. FEI Number	
Zip		Country		<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
34143		Collier			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LOUKONEN, EVERETT D 1320 N. 15TH STREET IMMOKALEE, FL 34142			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 signature required when reinstating) DATE _____					
Signature, typed or printed name of registered agent and title if applicable.					
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	MGR EVERETT D. LOUKONEN AND JOANNE M. LOUKONEN 1320 N. 15TH STREET IMMOKALEE, FL 34142	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Everett D Loukonen</i> <i>Everett D Loukonen</i> 4/21/08 239-657-6521					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					