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2. Principal Place of Business Avenue 3. Mailing Address						_		,	<b>                                   </b>	
Suite, Apt. #, etc.			Suite; Apt. #	ot. #, etc.		DO NOT WRITE IN THIS SPACE			_	
City & State		FL	City & State			4. FEI N	umber <b>59-3344289</b>		Applied For Not Applicable	
Zip 336	509	Country OS A	Zip	Cour	stry	5. Certif	icate of Status Desired	\$5.00 A		
		e and Address of Current	Registered Ager	nt	, a	7. Name	and Address of New Regist	ered Agent		
1100000	NE 101111	14			Name	_				
MCCOSKE	-				Street Address	(P.O. Box N	umber is Not Acceptable)			
4914 N. A Tampa Fl		VENUE	1							1
IAMILY LE	_ 33003				City			FL Zip C	ode	-
A The shave	named seti	the pullmite this statement for	r the purpose of s	hanging its register	nd office or registe	orod agent, c	or both, in the State of Florida.	'-	<del>.</del> -	-
o. The above	named end	ty subtritis this state the it for	ine purpose or c	manging its register	ed diffice of registe	orda agont, c	or both, in the state of Florida.			
SIGNATURE _	Signature, types	d or printed name of registered agent a	and title if applicable.	(NOTE: Registere	d Agent signature require	ed when reinstatir	ng)	DATE	<del></del> ,	
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9.		MANAGING MEMBE	[ ERS/MEMBERS	10.			ADDITIONS/CHA	NGES		_ ا
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11. I hereby c	certify that th	ne information supplied with	this filing does no	ot qualify for the exe	mption stated in S	Section 119.0	7(3)(i), Florida Statutes, I furth	er certify that th	e information	1
indicated	on this repo	ort is true and accurate and any or the receiver or trustee	unat my signature	snall have the same	e required by Char	made under	oath; that I am a managing n	nember or mana	iger or the	1
limited lial	DIRLY CONTRA	any or the received of trustee	s empowered to 9	Acute this report as	s required by Cria	pter dod, mo	ida Siaidies.			ì
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