10-4-02 250.W

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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COMPANY				DEPARTMENT OF STATE Secretary of State ISION OF CORPORATIONS			SECRETARY OF STATE DIVISION OF CORPORATIONS  06 MAY - 1 AM 11: 06	
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1. Linner	ability Comp	any's Name	- 1					
ZI	1174(	7 HOW	E, LC.					
		•					0000044 (0/00)	
2. Principal (	Office Addr	ess _	3. Mailing Of	/ffice Address		<b>M</b> )	CR2E041 (8/05)	
111/1	BIS	CAYNE 5	3/VM 1111	1 BISCAVA	JE Blyp	4. State/Count	ntry of Formation	
Suite, Apt. #		<del></del>	Suite, Apt. #,		W 2118	FL/1	1<1	
#2	100	•	1 # 22				nized or Qualified	
City & State	<u>- 27.</u>		City & State	<del>7</del>	<del></del>	To Do Busii	iness in Florida 4///	96
	1 1/A	II	Min	Mi del		6. FEI Numbe		Applied For
Zip	7471	Country	Zip	Country	<u>.</u>	650bb		Not Applicable
3318	8,1	ι ΨSΛ.	33187	1 1		7. CERTIFICATE	E OF STATUS DESIRED S5.00	Additional Fee required
	<u> </u>		_	lame and Address o	) (I'	<del></del>		a Germeett-
H	Name	1 ~ A		Affile and Addition	T CHITEIN NEWSON.	eo Agent		——
L	I	HERMY	NN ZIN	GC-				1
	Street Add		ber is Not Acceptable)	alia V	[			
Į.	<u> </u>	<u>IIII BIS</u>	CHYNE	B110 #	125		<del></del>	
	Suite, Apt.	#, Etc.	$\mathcal{I}$					ĺ
ľ	City	'A . /					State Zip Code	—
		divini					FL 33181.	
9. 1, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.								
Signature of		11/4					-/-/-	
Registered Agent				SENT MUST SIGN	<del></del>		Date 3/30/06	<u>'</u>
10. Names and Street Addresses of Managing Members/Managers								
Titles	Name of Managing Members/Managers				reet Address of Each aging Member/Mana		City / State	/ Zip
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WALL !	ZING	G, HEKR	NANN !	11111151	SCMUL 9	Ny4325.	aninum, FL.	33181
MAKER	PZINGE #C/ANTINO.			1111 18150	ISCAYNE B	- Haze	I mu numita.	70181
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11. I certify t	that i am ma	naging member/man	ager or the receiver or	rustee empowered t	o execute this appl	ication as provide.	1 for in chapter 608, F.S. I furth	er certify that when
all fees o	owed by the	ent application the real limited liability compar	lager or the receiver or son for dissolution has in have been paid. The	trustee empowered peen eliminated, the linformation indicated	to execute this app limited liability comp on this application	lication as provide vary name satisfies is true and accura-	ed for in chapter 608, F.S. I furthes the requirements of section 60 ate, and my signature shall have	ner certify that when 8.406, F.S., and that the same legal effect
all fees o	that I am ma is reinstateme owed by the ade under oa	ent application the real limited liability compar	nager or the receiver or ison for dissolution has ny have been paid. The	trustee empowered been eliminated, the information indicated	timited trability comp id on this application	pany name satisfies is true and accurat	es the requirements of section 604 ate, and my signature shall have t	08.406, F.S., and that the same legal effect
all fees of astiff mad	owed by the ade under oa	ent application the real imited liability comparation.	nager or the receiver or ison for dissolution has ny have been paid. The	trustee empowered been eliminated, the information indicated	timited trability comp id on this application	pany name satisfies is true and accurat	es the requirements of section 604 ate, and my signature shall have t	08.406, F.S., and that the same legal effect
all fees of as if mad	owed by the ade under oa	ent application the real imited liability comparation.	nager or the receiver or ison for dissolution has my have been paid. The	trustee empowered been eliminated, the information indicate	timited trability comp id on this application	pany name satisfies is true and accurat	ed for in chapter 608, F.S. I furthes the requirements of section 600 ate, and my signature shall have to Daytime Phone # 1845. 42	08.406, F.S., and that the same legal effect