FILE NOW: Fee after May 1, will be \$588.75

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	Ó LÍABILIT				FLORIDA DEPARTM Sandra B. M					FILED				
	ANNUAL RI 199		I				Secretary	y of t			97 APR 14	PM	2:21	
FILING \$ 203	.75 Mailing Add	ck Payal	100.00 + \$ ble To: F	SECRETARY OF STATE TALLAHASSEE, FLORIDA										
1. Name and Mailing Address of Limited Liability Company DOCUMENT #L96000001324														
3	RECIOUS 122 EAS RLANDO	LONI	VITH I	1a. Principal Place of Business Address 3122 EAST COLONIAL DRIVE ORLANDO FL 32803										
li above i	mailing address is	env way. Ilm	se through is											
	al Place of Bus		ugh incorrect information and enter correction in Block 2a. 2a. Mailing Address					3. Date Organi	zed or Qualified	3a. S	tate of Formation			
										12/20/19	996	FL	į	
Suite, Apt. #, etc.					Suite, Apt. #, etc.					4. FEI Number		L	Applied	For
City & State					City & State					69-2495/65 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired				
Zip Country			Zıj	Zip Cour				у				Additional Fee Region		
7. Name and Address of Current Registered Agent										8. Name and Ad	dress of New Re	gistere	d Agent	
OMBRES, ALEXANDER J 801 N. MAGNOLIA AVENUE SUITE 201 ORLANDO EL 32803									Street Address (Suite, Apt. #, etc	Address (P.O. Box Number Is Not Acceptable) Apt. #, etc. 313613-2143613-2 -04/15/9701054018 ****203.75 ****203.75				
its registe	red office or regi ered agent, and	stered age accept the	ent, or both e obligation	i, in the Stati ns.	e of Flo	orida. Such	change w	as at	nthorized by affirm	d liability company ative vote of a majo	submits this state rity of the member	ement fo s. I here	r the purpose of ch by accept the appo	nanging
	(Registered Agent Accepting					NOTE Registe			required when reinstations Street Address					
10. Title	Title Managing Members/Manager				's Busine				ss Street Address	·····	City, State and 2-ip Code			
MGRM	SCARLAT	'A, C	ARL	JR		3122	EAST	e c	OLONIAL	DRIVE	ORLANDO	FL		
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indicated limited lia attachme	ereby certify that on this annual re bility company o nt with an addre	eport is tru r the rece ss.	ie and acci	urate and the tee employed	ered to	signature :	shall have his report	the s	emption stated in S same legal effects quired by chapte member on MANAGER	section 119.07(3) (i) s if made under os 508, Florida Statu	Florida Statutes. the that I am a males; and that my n	I further naging r ame ap;	certify that the Info nember or manage bears in Block 10, c	rmation or of the
Í			SIMMATURE A	NO LITPED ON	MINIED	NAME OF BR	ANAM DIVING	PALIEN.	MEMDER OR MANAGER	1	Pale		proyume mitorie if	