Report \$100.0 Check Payable DOC DIRECT CC LLS AVE L 32803 S Unitry Address of Curre A B D ST	e To: FLO UMEN DMMUNI 2a. Ma Suite, A City & S Zip	RIDA DEPAI T# L97 CATIONS alling Address Apt. #, etc. State	RTMENT 00000	OF STATE	1a. Principal Pla 1721 N ORLANDC 3. Date Organize 06/16/1 4. FEI Number	Ce of Business MILLS F FL 328 ed or Qualified 997	AVE 303 3e. State of Formation FL Applied S S Not App
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В	ent Registere	ed Agent					S8.75 Additional Fee Reguli
			1	B. I Name	Name and Addres	s of New Regis	itered Agent/Office
pt the obligations.	Pa	rbor.	ites, the abc	LA	liability company of tive vote of a majorit	FL ubmits this state y of the member	Zip Code <u>Suf</u> soment for the purpose of ch s. Thereby accept the appoi
Registered Agent Accepti g Members/Manag		(NOTE Rog stered A		s Street Address)) 	City	, State and Zip Code
BHAVSAR, NILESH I		718 CLAYTON ST			ORLANDO FL		
RKER, GREGORY A		101 SPRING VALLEY LO			LOOP	ALTAMONTE SPRINGS	
I, JON D		604 SI	HERID.	AN BLVD	001	-09/09/	And
	rmation supplied	true and accurate and that my	true and accurate and that my signature shall	true and accurate and that my signature shall have the sa	true and accurate and that my signature shall have the same legal effect as	prmation supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), F true and accurate and that my signature shall have the same legal effect as if made under oath	DDDD21 -09/09 ####1 prmation supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a main ceiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes; and that my na