	IESS REPO	HI (UDN)				1060
DOGUMENT # 19700000	0681		L + 0	Company PILED OF DEC 27 PM 3:		
- 1	R. V Campio	Doming! gr	muco	MINET 2 DOM 2	r.c	
L97-	-1081	•		21 OCC 21- FM 3:	56	
				SECRETARY OF STA TALLAHASSEE, FLOR	TE	
,	Mailing Address	·*-[·_	}	MALLAMASSEE, FLOR	MDA	
3641 Hwy 195	_ 83- Sax	acide Lan	e			
Perry F1 \$2348	Panacea	-1F1 3234	16	·		
2. Principal Place of Business	Mailing Address		$\neg$			
3641 Hwy 195 Suite, Apt. #, etc.	Suite, Apt. #, etc.	se have	-	DO NOT WRITE IN THIS	SPACE	
Pervue F	-City & State Panacea	FI	4. FEII	Number - 345 9461	<del></del>	oplied For ot Applicable
Zip Country	Zip	Country		ficate of Status Desired	\$5.00 Ad	ditional
6. Name and Address of Current Reg	32346	Wakulla	<u> </u>	·····	Fee Require	d
0.4	Instated Agent	Name	r. Nam	e and Address of New Registered	ABOUT	
Kebecca 6. Blooch	<del>(</del>	Street Addre	ss (PO Boy t	Jumber is Not Acceptable)		
83 Sunrise Lane	1	Juest Addle				
	6					
Panacea, F1 3234	•6	City		FL	Zip Cod	e
8. The above garged entity submits this statement for the	a purpose of changing its	registered office or regis	stered agent,	or both, in the State of Florida.		
# 1. U F	20 0	, ,	-, '			
SIGNATURE Signature, typed or printed name of registered agent and the	Te it applicable. (NOTE	: Registered Agent signature req	uired when reinstal	ing) DATE		<del></del> ,
	· · · · · · · · · · · · · · · · · · ·	WIII FEE IS \$50.0		<u> </u>		· —
•	Make Check Pay	yable to Departmen	t of State	0000047628 -01/03/0201	160-	
	Due By	Søptember 26, 200	1	<u>*****50.00</u>	*****5	
9. MANAGING MEMBERS		10.		ADDITIONS/CHANGES		
TITLE President  AME George T. Black	☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS 193 SUNMSE Lane		STREET ADDRESS				
CITY-ST-ZIP Panacea, F1 32	1346	CITY-ST-ZIP		·		☐ Addition
TITLE V. President	Delete	. TITLE NAME			Change	☐ Addition
STREET ADDRESS S 3 S C C C C C C C C C C C C C C C C		STREET ADDRESS				
CITY-ST-ZIP Panacen, F1 32	346	CITY-ST-ZIP				
TITLE	☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS		NAME STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				·-
TITLE	☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS		NAME STREET ADDRESS				,
CITY-ST-ZIP		CITY-SI-ZIP			-	
TITLE	☐ Delete	TITLE		<del></del>	☐ Change	Addition
NAME STREET ADDRESS		NAME CTREET ADDRESS				
CITY-S' ZIP		STREET ADDRESS CITY-ST-ZIP				
	☐ Delete	TITLE			☐ Change	☐ Addition
TITLE 2.		NAME				
NAME .		ATRICK ACTION				
NAME . STREET ADDRESS		STREET ADDRESS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP  11.   hereby certify that the information supplied with this	filing does not qualify for	CITY-ST-ZIP	Section 119	07(3)(i), Florida Statutes, I further cer	tify that the i	nformation
NAME STREET ADDRESS CITY-ST-ZIP  11. I hereby certify that the information supplied with this indicated on this report is true and accurate and that	: filing does not qualify for my signature shall have powered to execute this n	the exemption stated in	Section 119. if made unde	07(3)(i), Florida Statutes. I further cer roath; that I am a managing membe orida Statutes.	tify that the i	nformation or of the
NAME STREET ADDRESS CITY-ST-ZIP	iffling does not qualify for my signature shall have the powered to execute this n	the exemption stated in	Section 119. if made unde apter 608, Flo	07(3)(i), Florida Statutes. I further cer r oath, that I am a managing membe orida Statutes	tify that the i	nformation or of the



3641 US Hwy. 19 South, Perry FL 32347 (850) 584-3221 Fax (850) 584-3224

Florida Department of State,

I am writing this letter to verify that we never received our notices. Please process our UBR. If you need any further information please contact me at (850) 984-0236. The reference number is L97000000681.

Thank You, Stephanie Godfrey