NAME STREET ADDRESS CITY-ST-ZIP HOMESTEAD FL 33030 CITY-ST-ZIP Change Addition NAME CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE ADDRESS CITY-ST-ZIP CHA	1. Entity Nar WINTER  Principal Place 231 N NEW	PARK INSURANCE AGEN					Α		,	
Principal Place of Business 21 IN New YORK AVENUE P.O. 80x 899 WINTER PARK FL. 32730  2. Principal Place of Business Sutie, April 4, etc.  2. Principal Place of Business Sutie, April 4, etc.  3. Mailing Address Sutie, April 4, etc.  2. Principal Place of Business Sutie, April 4, etc.  3. Mailing Address Sutie, April 4, etc.  3. Mailing Address Sutie, April 4, etc.  4. FEI Number 65-0774740  DO NOT WRITE IN THIS SPACE  City & State	231 N NEW	ce of Business					–	ΕD		
Address   Pincipal Place of Business   Mailing Address   P.O. 80X 89   WINTER PARK FL. 32730   WINTER PARK FL. 32730   SECRETARY OF STATE TALL ANA SSEE, FLORIDA   FLO	231 N NEW	ce of Business							) <i>C</i>	
2. Principal Placo of Business   3. Mailing Address    Suite, Apl. #, etc.   Do NOT WRITE IN THIS SPACE    City & State   City & State   A. FEI Number   65-0774740   Applicat For   Not Application For   Not A	WINIES DAD		P.O. BOX 939	P.O. BOX 939						
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired   \$5.00 Additional Fee Required  6. Name and Address of Current Registered Agent  LUND, L. ALAN  1780 NORTH KROME AVENUE  HOMESTEAD FL. 33030  City  FILE NOW!!! FEE IS \$5.0.00  Make Check Payable to Department of State  9. MANAGING MEMBERS/MEMBERS  ITILE  MEM  JONES, THOMAS R JR  SIREE ADDRESS  OITY-ST-ZIP  HOMESTEAD FL. 33030  DO NOT WRITE IN THIS SPACE  4. FEI Number 65-0774740  Strong flow for the Status Desired   \$5.00 Additional Fee Required  FOR Additional Fee Required  FL Zip Code  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Poolda.  SIGNATURE  Signature, lyced or prired name of registered agent and teel it spokeable.  PLE NOW!!! FEE IS \$5.0.00  Make Check Payable to Department of State  9. MANAGING MEMBERS/MEMBERS  ITILE  MEM  JONES, THOMAS R JR  JONES, T	TOTAL CITY ( CALL	ik fl	WINTER PARK FL 3	32790						
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Country  Zip  Country  Zip  Country  S. Certificate of Status Deaired  For Required  For Requ	2. Principal f	Place of Business	3. Mailing Address			_				
City & State  Country  Country  S. Certificate of Status Desired  Sc. Certificate of Status Desired  Screen Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  To Desire The State of Florida.  Street Address (P.O. Box Number is Not Acceptable)  The State of Florida.  Street Address (P.O. Box Number is Not Acceptable)  The State of Florida.  Street Address (P.O. Box Number is Not Acceptable)  The State of Florida.  Street Address (P.O. Box Number is Not Acceptable)  The State of Florida.  Street Address (P.O. Box Number is Not Acceptable)  The State of Florida.  Street Address (P.O. Box Number is Not Acceptable)  DME  The State of Florida.  Street Address (P.O. Box Number is Not Acceptable)  DME  The State of Florida.  Street Address of New Registered Agent  Member State of Florida.  Street Address (P.O. Box Number is Not Acceptable)  DME  The State of Florida.  Street Address of New Registered Agent  Not Acceptable to Department of State  Street Address (P.O. Box Number is Not Acceptable)  DME  The State Address of New Registered Agent  Not Acceptable to Pear Interest Agent  Interest Address (P.O. Box Number is Not Acceptable)  The Not Acceptable to Pear Interest Agent  Interest Address (P.O. Box Number is Not Acceptable)  The Not Acceptable t	Suite, Apt. #, etc.									
Zip Country Zip Country S. Certificate of Status Desired   \$5.00 Additional Foe Required   \$5.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRI	TE IN THIS SI	PACE	
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  LUND, L. ALAN 1780 NORTH KROME AVENUE  HOMESTEAD FL 33030  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, lyped or printed name of registered agent and title if applicable.  WARNAGING MEMBERS / MEMBERS   10.   ADDITIONS/CHANGES    TITLE NOW!!! FEE IS \$50,00   Make Check Payable to Department of State  9.   MANAGING MEMBERS / MEMBERS   10.   ADDITIONS/CHANGES    TITLE NAME   Delete   MANAGING MEMBERS   Additional control of the printed page agent and state agent and agent and agent agent and agent and agent agent and agent agent and agent agent and agent agent are required when reinstating)  BATE  FILE NOW!!! FEE IS \$50,00  Make Check Payable to Department of State  9.   MANAGING MEMBERS / MEMBERS   10.   ADDITIONS/CHANGES    TITLE NAME   DORITH KROME AVENUE   Change   Additional control of the printed page agent and agent agent and agent agent and agent agent and agent a	City & Star	te .	City & State			4. FEI Nu	umber 65-077474(	)		<del></del>
6. Name and Address of Current Registered Agent    Name	Zip	Country	Zip	Counti	ry	5. Certifi	cate of Status Desired			
LUND, L. ALAN 1780 NORTH KROME AVENUE HOMESTEAD FL 33030  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  9. MANAGING MEMBERS MEMBERS  ITILE  MAME  JONES, THOMAS R JR  1780 NORTH KROME AVENUE  HOMESTEAD RESS  CITY-ST-ZIP  HOMESTEAD FL 33030  CITY-ST-ZIP  MEM  LUND, L. ALAN  1780 NORTH KROME AVENUE  HOMESTEAD FL 33030  CITY-ST-ZIP  MEM  LUND, L. ALAN  1780 NORTH KROME AVENUE  HOMESTEAD FL 33030  CITY-ST-ZIP  MEM  LUND, L. ALAN  1780 NORTH KROME AVENUE  HOMESTEAD FL 33030  CITY-ST-ZIP  MEM  SIRRET ADDRESS  CITY-ST-ZIP  MEM  LUND, L. ALAN  1780 NORTH KROME AVENUE  HOMESTEAD FL 33030  CITY-ST-ZIP  MEM  SIRRET ADDRESS  CITY-ST-ZIP  MEM		6. Name and Address of Curren	t Registered Agent			7. Name	and Address of New F			
TITLE MAME JONES, THOMAS R JR STREET ADDRESS CITY-ST-ZIP HOMESTEAD FL 33030  TITLE MAME LUND, L ALAN 1780 NORTH KROME AVENUE HOMESTEAD FL 33030  TITLE MAME LUND, L ALAN 1780 NORTH KROME AVENUE HOMESTEAD FL 33030  TITLE MAME LUND, L ALAN 1780 NORTH KROME AVENUE HOMESTEAD FL 33030  TITLE MAME LUND, L ALAN 1780 NORTH KROME AVENUE HOMESTEAD FL 33030  TITLE MAME LUND, L ALAN 1780 NORTH KROME AVENUE HOMESTEAD FL 33030  TITLE MAME LUND, L ALAN 1780 NORTH KROME AVENUE HOMESTEAD FL 33030  TITLE MAME STREET ADDRESS CITY-ST-ZIP HOMESTEAD FL 33030  TITLE MAME LUND, L ALAN 1780 NORTH KROME AVENUE HOMESTEAD FL 33030  TITLE MAME STREET ADDRESS CITY-ST-ZIP HOMESTEAD FL 33030  TITLE MAME STREET ADDRESS CITY-ST-ZIP HOMESTEAD FL 33030  TITLE MAME STREET ADDRESS CITY-ST-ZIP AVENUE HOMESTEAD FL 33030  TITLE MAME STREET ADDRESS CITY-ST-ZIP AVENUE CITY-ST-ZIP ADDRESS CITY-ST-ZIP AVENUE CHange Additional	LUMB	A1 ANI			Name					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE    Signature, hypod or printed name of registered agent and stee if applicable.   INOTE: Registered Agent signature required when reinstating)   DATE      FILE NOW!!! FEE IS \$50.00     Make Check Payable to Department of State     9.	•				Street Addres	ss (P.O. Box Nu	ımber is Not Acceptable	9)		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE    Signature, typod or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE	HOMEST	EAD FL 33030		Ī					,	
SIGNATURE    Signature   Signa				-	City			FI	Zip Cod	e
Signature, Typed or printed name of registered agent and title if explicable.   (NOTE: Registered Agent signature required when reinstating)   DATE					City				1	
Signature, typed or printed name of registered agent and title if expolicable.   (NOTE: Registered Agent signature required when reinstating)   DATE	8. The above	e named entity submits this statement	for the purpose of changir	ng its registered		stered agent, or	r both, in the State of Flo			
Make Check Payable to Department of State  9. MANAGING MEMBERS/MEMBERS  10. ADDITIONS/CHANGES  TITLE NAME JONES, THOMAS R JR 1780 NORTH KROME AVENUE HOMESTEAD FL 33030  TITLE NAME LUND, L. ALAN 1780 NORTH KROME AVENUE HOMESTEAD FL 33030  TITLE NAME LUND, L. ALAN 1780 NORTH KROME AVENUE HOMESTEAD FL 33030  TITLE NAME STREET ADDRESS CITY-ST-ZIP HOMESTEAD FL 33030  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			-		d office or regis			orida.		
9. MANAGING MEMBERS/MEMBERS  TITLE NAME JONES, THOMAS R JR STREET ADDRESS CITY-ST-ZIP HOMESTEAD FL 33030  CITY-ST-ZIP HOMESTEAD FL 33030  Delete TITLE NAME LUND, L. ALAN 1780 NORTH KROME AVENUE LUND, L. ALAN 1780 NORTH KROME AVENUE STREET ADDRESS CITY-ST-ZIP HOMESTEAD FL 33030  CITY-ST-ZIP HOMESTEAD FL 33030  CITY-ST-ZIP HOMESTEAD FL 33030  CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME			-		d office or regis			orida.		
Delete   Delete   TITLE   Delete   TITLE   Delete   Del			nt and title if applicable.	(NOTE: Registered	d office or regis	uired when reinstating		orida.		
NAME STREET ADDRESS CITY-ST-ZIP HOMESTEAD FL 33030  TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP HOMESTEAD FL 33030  TITLE NAME STREET ADDRESS CITY-ST-ZIP HOMESTEAD FL 33030  CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME			it and title if applicable.	(NOTE: Registered	d office or regis	uired when reinstating		orida.		
TITLE   Delete   Delete   Delete   Delete   TITLE   Delete   De	SIGNATURE	Signature, typed or printed name of registered ager	FILI	(NOTE: Registered  E NOW!!! F k Payable to	d office or regis	uired when reinstating	2)	orida. DATE		
CITY-ST-ZIP	SIGNATURE	Signature, typed or printed name of registered ages  MANAGING MEMI	it and title if applicable.  FILI  Make Chec  BERS/MEMBERS	(NOTE: Registered  E NOW!!! F k Payable to	d office or regis	uired when reinstating	2)	DATE  CHANGES	☐ Change	☐ Addition
NAME   STREET ADDRESS   1780 NORTH KROME AVENUE   STREET ADDRESS   CITY-ST-ZIP   HOMESTEAD FL 33030   CITY-ST-ZIP   TITLE   Delete   TITLE   Change   Addition   Addition   Change   Addition   Addi	SIGNATURE  9.  ITTLE  VAME	Signature, typed or printed name of registered ager  MANAGING MEMI  MEM  JONES, THOMAS R JR	it and title if applicable.  FILI  Make Chec  BERS/MEMBERS	E NOW!!! F k Payable to  10.  TITLE NAME	d office or ragis Agent signature requirements Departments	uired when reinstating	2)	DATE  CHANGES	Change	Addition
1780 NORTH KROME AVENUE	9.  TITLE  VAME  STREET ADDRESS	Signature, typed or printed name of registered ager  MANAGING MEM  JONES, THOMAS R JR  1780 NORTH KROME AVENUE	it and title if applicable.  FILI  Make Chec  BERS/MEMBERS	E NOW!!! F k Payable to  10.  TITLE NAME STREET	d office or ragis  Agent signature requ  EEE IS \$50.0  Department	uired when reinstating	2)	DATE  CHANGES	☐ Change	☐ Addition
CITY-ST-ZIP	9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMI MEM JONES, THOMAS R JR 1780 NORTH KROME AVENUE HOMESTEAD FL 33030 MEM	Make Chec	(NOTE: Registered  E NOW!!! F k Payable to  10.  TITLE  NAME  STREET  CITY-S	d office or regis  Agent signature requ  EEE IS \$50.0  Department	uired when reinstating	additions	DATE CHANGES	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP CITYE Delete TITLE NAME NAME NAME  NAME  NAME  NAME	9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMI MEM JONES, THOMAS R JR 1780 NORTH KROME AVENUE HOMESTEAD FL 33030 MEM LUND, L. ALAN	Make Chec	(NOTE: Registered  E NOW!!! F k Payable to  10.  TITLE  NAME  STREET  CITY-S  TITLE  NAME	d office or regis  Agent signature requ  EEE IS \$50.0  Department	uired when reinstating	ADDITIONS	DATE CHANGES	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMI MEM JONES, THOMAS R JR 1780 NORTH KROME AVENUE HOMESTEAD FL 33030 MEM LUND, L. ALAN 1780 NORTH KROME AVENUE	Make Chec	(NOTE: Registered  E NOW!!! F k Payable to  10.  TITLE NAME STREET CITY-S  TITLE NAME STREET	d office or regis  Agent signature requ  EEE IS \$50.0  Department  T ADDRESS ST-ZIP	uired when reinstating	ADDITIONS	CHANGES	□ Change 5 7 □ 11118	Addition
CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE         Change         Addition           NAME         NAME         NAME         NAME         Addition	9.  ITTLE  VAME  STREET ADDRESS  CITY-ST-ZIP  ITTLE  VAME  STREET ADDRESS  CITY-ST-ZIP  ITTLE	MANAGING MEMI MEM JONES, THOMAS R JR 1780 NORTH KROME AVENUE HOMESTEAD FL 33030 MEM LUND, L. ALAN 1780 NORTH KROME AVENUE	Make Chec BERS/MEMBERS Delete	(NOTE: Registered  E NOW!!! F k Payable to  10.  TITLE NAME STREET NAME STREET STREET CITY-S TITLE	Agent signature requirements T ADDRESS ST-ZIP T ADDRESS ST-ZIP	uired when reinstating	ADDITIONS	DATE  CHANGES  1/010  *50,00	□ Change 5 7 □ )1118- ****	Addition
NAME NAME	9.  TITLE  VAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  VAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  VAME	MANAGING MEMI MEM JONES, THOMAS R JR 1780 NORTH KROME AVENUE HOMESTEAD FL 33030 MEM LUND, L. ALAN 1780 NORTH KROME AVENUE	Make Chec BERS/MEMBERS Delete	(NOTE: Registered  E NOW!!! F k Payable to  10.  TITLE NAME STREET NAME STREET CITY-S TITLE* NAME	Agent signature requirements T ADDRESS ST-ZIP T ADDRESS ST-ZIP	uired when reinstating	ADDITIONS	DATE  CHANGES  1/010  *50,00	□ Change 5 7 □ )1118- ****	Addition
	9.  TITLE  VAME  STREET ADDRESS  CITY-ST-ZIP  LITLE  VAME  STREET ADDRESS  CITY-ST-ZIP  LITLE  VAME  VAME  STREET ADDRESS  CITY-ST-ZIP  LITLE  VAME  V	MANAGING MEMI MEM JONES, THOMAS R JR 1780 NORTH KROME AVENUE HOMESTEAD FL 33030 MEM LUND, L. ALAN 1780 NORTH KROME AVENUE	Make Chec BERS/MEMBERS Delete	(NOTE: Registered  E NOW!!! F k Payable to  10.  TITLE NAME STREET NAME STREET NAME STREET NAME STREET NAME STREET	Agent signature requirements T ADDRESS ST-ZIP T ADDRESS T ADDRESS	uired when reinstating	ADDITIONS	DATE  CHANGES  1/010  *50,00	□ Change 5 7 □ )1118- ****	Addition
CTREET ANDRECC   CTREET ANDRECC	9.  ITITLE NAME STREET ADDRESS CITY-ST-ZIP ITITLE NAME STREET ADDRESS CITY-ST-ZIP ITITLE NAME STREET ADDRESS CITY-ST-ZIP ITITLE	MANAGING MEMI MEM JONES, THOMAS R JR 1780 NORTH KROME AVENUE HOMESTEAD FL 33030 MEM LUND, L. ALAN 1780 NORTH KROME AVENUE	Make Chec BERS/MEMBERS Delete	E NOW!!! F k Payable to  10. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE TAME STREET CITY-S TITLE	d office or regis  Agent signature requ  FEE IS \$50.0  Department  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP	uired when reinstating	ADDITIONS	DATE  CHANGES  1/01[ *50.00	□ Change □ 7 □ 1118 **** □ Change	Addition
CITY-ST-ZIP CITY-ST-ZIP	9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMI MEM JONES, THOMAS R JR 1780 NORTH KROME AVENUE HOMESTEAD FL 33030 MEM LUND, L. ALAN 1780 NORTH KROME AVENUE	Make Chec BERS/MEMBERS Delete	E NOW!!! F k Payable to  10. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET NAME STREET NAME STREET NAME STREET NAME STREET NAME	d office or regis  Agent signature requ  FEE IS \$50.0  Department  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP	uired when reinstating	ADDITIONS	DATE  CHANGES  1/01[ *50.00	□ Change □ 7 □ 1118 **** □ Change	Addition   - 8 -009 *50.80   Addition
<b>1</b>	9.  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS	MANAGING MEMI MEM JONES, THOMAS R JR 1780 NORTH KROME AVENUE HOMESTEAD FL 33030 MEM LUND, L. ALAN 1780 NORTH KROME AVENUE	Make Chec BERS/MEMBERS Delete	E NOW!!! F k Payable to  10. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET	d office or regis  Agent signature requ  FEE IS \$50.0  Department  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS	uired when reinstating	ADDITIONS	DATE  CHANGES  1/01[ *50.00	□ Change □ 7 □ 1118 **** □ Change	Addition   - 8 -009 *50.80   Addition
NAME STREET ADDRESS STREET ADDRESS	9.  FITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  TREET ADDRESS  CITY-ST-ZIP  TITLE	MANAGING MEMI MEM JONES, THOMAS R JR 1780 NORTH KROME AVENUE HOMESTEAD FL 33030 MEM LUND, L. ALAN 1780 NORTH KROME AVENUE	BERS / MEMBERS Delete Delete	(NOTE: Registered  E NOW!!! F k Payable to  10.  TITLE NAME STREET CITY-S  TITLE* NAME STREET CITY-S  TITLE* NAME STREET CITY-S  TITLE NAME STREET CITY-S  TITLE NAME STREET CITY-S  TITLE NAME STREET CITY-S  TITLE	d office or regis  Agent signature requ  FEE IS \$50.0  Department  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS	uired when reinstating	ADDITIONS	DATE  CHANGES  1/010 *50.00	□ Change □ 118	Addition   - 8 -009 *50.80   Addition
CITY-SY-ZIP CITY-ST-ZIP	9.  ITITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  IAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  IAME  ITITLE  IAME	MANAGING MEMI MEM JONES, THOMAS R JR 1780 NORTH KROME AVENUE HOMESTEAD FL 33030 MEM LUND, L. ALAN 1780 NORTH KROME AVENUE	BERS / MEMBERS Delete Delete	(NOTE: Registered  E NOW!!! F k Payable to  10.  TITLE NAME STREET CITY-S  TITLE* NAME STREET CITY-S  TITLE* NAME STREET CITY-S  TITLE NAME STREET CITY-S  TITLE NAME STREET CITY-S  TITLE NAME STREET CITY-S  TITLE NAME	Agent signature requirements  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP	uired when reinstating	ADDITIONS	DATE  CHANGES  1/010  *50.00	□ Change □ 118	Addition Addition
	9.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	MANAGING MEMI MEM JONES, THOMAS R JR 1780 NORTH KROME AVENUE HOMESTEAD FL 33030 MEM LUND, L. ALAN 1780 NORTH KROME AVENUE	BERS / MEMBERS Delete Delete	E NOW!!! F k Payable to  10. TITLE NAME STREET CITY-S TITLE* NAME STREET CITY-S TITLE NAME STREET STREET NAME STREET	Agent signature requirements  FEE IS \$50.0  Department  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  I ADDRESS ST-ZIP	uired when reinstating	ADDITIONS	DATE  CHANGES  1/010  *50.00	□ Change □ 118	Addition Addition
NAME NAME	9.  ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE	MANAGING MEMI MEM JONES, THOMAS R JR 1780 NORTH KROME AVENUE HOMESTEAD FL 33030 MEM LUND, L. ALAN 1780 NORTH KROME AVENUE	BERS / MEMBERS Delete Delete Delete	(NOTE: Registered  E NOW!!! F k Payable to  10.  TITLE NAME STREET CITY-S	Agent signature requirements  FEE IS \$50.0  Department  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  I ADDRESS ST-ZIP	uired when reinstating	ADDITIONS	DATE  CHANGES  1/01( *50.00	□ Change □ Thange □ Change □ Change □ Change	Addition Addition
STREET ADDRESS STREET ADDRESS	9.  ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  N	MANAGING MEMI MEM JONES, THOMAS R JR 1780 NORTH KROME AVENUE HOMESTEAD FL 33030 MEM LUND, L. ALAN 1780 NORTH KROME AVENUE	BERS / MEMBERS Delete Delete Delete	(NOTE: Registered  E NOW!!! F k Payable to  10.  TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP	uired when reinstating	ADDITIONS	DATE  CHANGES  1/01( *50.00	□ Change □ Thange □ Change □ Change □ Change	Addition Addition Addition
CITY-ST-ZIP CITY-ST-ZIP	9.  FITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  THEET ADDRESS  THY-ST-ZIP  THEET ADDRESS  THY-ST-ZIP  THEET ADDRESS  THY-ST-ZIP  THEET ADDRESS  THY-ST-ZIP  THEET ADDRESS	MANAGING MEMI MEM JONES, THOMAS R JR 1780 NORTH KROME AVENUE HOMESTEAD FL 33030 MEM LUND, L. ALAN 1780 NORTH KROME AVENUE	BERS / MEMBERS Delete Delete Delete	(NOTE: Registered  E NOW!!! F k Payable to  10.  TITLE NAME STREET CITY-S  TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP	uired when reinstating	ADDITIONS	DATE  CHANGES  1/01( *50.00	□ Change □ Thange □ Change □ Change □ Change	Addition Addition Addition