	D LIABILIT ANNUAL R 199			Kath Secr	erine I retary of		for the	TEST		Pre
ILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE							19 MARSO FM 8: 56			
1. Name	and Mailing Add ted Liability Cor	dress DOC		# 1970			<u></u>			
	-	SOCIATES, 1					1a. Principal Pla	ace of Business	Address	
	1417 SZ	DLER ROAD, ISLAND FL	, UNIT	264 -4466			1417 S. AMELIA	ADLER RO ISLAND	OAD, U FL 32	JNIT 264 2034
2 Princip	at Place of Bus	iness	2a. Mail	ing Address		<u></u>	3. Date Organiz	ed or Qualified	3a. State	of Formation
Suite, Apt	# etc		Suite, Ar	ot # elc			11/24/	1997	FL	
oute, Apr	. w, 010.		OBILE. AL	· ·			4. FEI Number		1	Applied For
City & Sta	te		City & St	ate			59-347			Not Applicable
Zip		Country	Zıp		Count	ry	5. Date of Last 04/24/:		6. Certificate of Status Desired \$8.75 Additional Fee Required	
5389	IS, CLY FLOREN	and Address of Curre DE ICE POINT I BEACH FL	ORIVE	Agent		Name	Name and Addres	IS Not Acceptate	ole) 18486 7/39(802-1
5389 FERN.	IS, CLY FLOREN ANDINA ant to the provised office or region	DE ICE POINT I BEACH FL 3	ORIVE 32034	s, Florida Statut		Name Street Address (# Suite, Apt. #, etc City bove-named timiled	P.O. Box Number	INOT Acceptat INITION -05/0 **** FL submits this state	ole) 7/33 [188, 75 2/ip Code	\$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
5389 FERN.	IS, CLY FLOREN ANDINA ant to the provised office or region	IDE ICE POINT I BEACH FL 3 ions of Sections 608 4 stered agent, or both, in	ORIVE 32034 16 and 608 508 the State of Flo	s, Florida Statut vrida. Such chan	ige was a	Name Street Address (# Suite, Apt. #, etc City bove-named fimiled uthorized by affirma	P.O. Box Number	INOT Acceptat INITION -05/0 **** FL submits this state	ole) 7/33 [188, 75 2/ip Code	\$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
5389 FERN. 9. Pursua ts register as register	IS, CLY FLOREN ANDINA ant to the provisited office or registed agent, and since	IDE ICE POINT I BEACH FL 3 ions of Sections 608 4 stered agent, or both, in accept the obligations.	DRIVE 32034 16 and 608 508 the State of Flo	s, Florida Statut vrida. Such chan	nge was a	Name Street Address (# Suite, Apt. #, etc City bove-named fimiled uthorized by affirma	P.O. Box Number	IN Not Acceptat 105/0 *生生 FL ubmits this state ty of the member	ole) 7/33 [188, 75 2/ip Code	11066 002 ★★★★188 75 purpose of changing cept the appointment
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