ARAGOTA FL 3421 SARASOTA FL 3421 SARASOTA FL 3421 SUBA, Apt. 4, etc. S			วกักกกกวุจุล	7.	jų,	
under Place of Business       Mailing Address         05 SUPT FAMAME TRALL       255 S0(0Th TAMAME TRALL         SE 20 A       Str. 2, 00         ARSOTA FL 3421       Str. 2, 00         Processor Business       3. Mailing Address         Soluer Act, # eac.       State, Apt. # eac.         Do NOT WRITE IN THIS SPACE       Do NOT WRITE IN THIS SPACE         Do NOT WRITE IN THIS SPACE       Applied for         Do NOT WRITE IN THIS SPACE       Applied for Country         Sold Applied for Country       Zp Country       Country         Sold Applied for Country       Zp Country       Applied for Country         Sold Applied for Applied for Country       Stread Address of Outribut Stread Applied for Country         Sold Applied for Applied for Country       Zp Cool         Sold Applied for Applied for Country       Country         Sold Applied for Applied for Country       Coun	Entity Nam	ne / + —		<b>9</b>		SECRETARY OF ATTAC
under Place of Business       Mailing Address         05 SUPT FAMAME TRALL       255 S0(0Th TAMAME TRALL         SE 20 A       Str. 2, 00         ARSOTA FL 3421       Str. 2, 00         Processor Business       3. Mailing Address         Soluer Act, # eac.       State, Apt. # eac.         Do NOT WRITE IN THIS SPACE       Do NOT WRITE IN THIS SPACE         Do NOT WRITE IN THIS SPACE       Applied for         Do NOT WRITE IN THIS SPACE       Applied for Country         Sold Applied for Country       Zp Country       Country         Sold Applied for Country       Zp Country       Applied for Country         Sold Applied for Applied for Country       Stread Address of Outribut Stread Applied for Country         Sold Applied for Applied for Country       Zp Cool         Sold Applied for Applied for Country       Country         Sold Applied for Applied for Country       Coun	AROLD	O. MILLER ATTORNEY,	L.C.			DIVISION OF CORPORATIONS
a Synth Trankeller Tr						00 JUN - 9 PM 1: 21
ARAGOTA FL 34231  The dec of Buaness  S. Making Address  S. Making Address  Suite, Apt #, etc.  Day & State  Day & State D			•	TRAIL		
Principal Place of Business	E. 210	1 04004		m		
	RASUIA FI	-L 34231				
Chr & State Chr &	Principal P	Place of Business	3. Mailing Address			
Applied FOR     Applied F	Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
Zp       Country       Zp       Country       S. Centificatio of Status Desired       \$5.00       Status Desired       \$5.00       Status Desired       \$5.00       Status Desired       \$5.00       Status Desired       Desired       Status Desired       Status Desired       Status Desired       Status Desired       Desired       Status Desired       Status Desired       Status Desired       Desired       Status Desired       Status Desired       Desir	City & Stat	te	City & State			
Control Period     Control	Zip	Country	Zip	Count	try	5 Certificate of Status Desired  \$5.00 Additional
MILLER, HAROLD O 330 SOUTH TAMIAMI TRAIL STE: 210 Street Address (P.O. Box Number is Not Acceptable)  City FL 2ip Code	······	6. Name and Address of Curi	rent Registered Agent			Fee Required
Signal South TAMIAM TRAIL STE: 210 ARASOTA FL 34231 City FL Zip Code City					Name	
STE 210  ARASOTA FL 34231  City  FL  Zip Code  City FL  Zip Code  Cit					Street Addre	ss (P.O. Box Number is Not Acceptable)
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorda.  NATURE  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorda.  NATURE  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorda.  NATURE  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorda.  NATURE  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorda.  NATURE  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorda.  NATURE  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorda.  NATURE  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorda.  NATURE  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorda.  NATURE  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorda.  NATURE  The above named entity submits the statement for the purpose of changing its registered agent, or both, in the statement for the purpose of changing its registered agent, or both, in the statement for the statement for the statement of the statement of the stat						
NATURE  Togethere, hypot or provide large of the product the start start is a start in	SARASOT	TA FL 34231	`		City	FL Zip Code
Grand and a general and the section of the sec	The above	e named entity submits this stateme	ent for the purpose of changing	its registere	ed office or regi	stered agent, or both, in the State of Florida.
Make Check Payable to Department of State       MANAGING MEMBERS/MEMBERS     10.       MEM     Change       MEM     Change       MILLER, HAROLD 0     Inter anasets       Tar anasets     10.000330131.0		Signature, typed or printed name of registered a	agent and title if applicable (N	OTE: Registered	d Agent signature req	uired when reinstating) DATE
MANAGING MEMBERS / MEMBERS       10.       ADDITIONS / CHANGES         MEM       MULER, HARODO O       Imme       Imme         7350 SOUTH TAMIAMI TRAIL, STE. 210       STREET ADDRESS       -06/22/00010120006         61:07       SARASOTA FL 34231       Imme       -06/22/00010120006         71 To Sources       -06/22/00010120006       Imme       -06/22/00010120006         71 To Sources       Imme       Imme       Imme       Imme         71 To Sources       Imme       Imme       Imme       Imme         71 To Sources       Imme       Imme       Imme       Imme       Imme         720       Imme       Imme       Imme       Imme       Imme       Imme       Imme         720       Imme       Imme <t< td=""><td></td><td>· · · ·</td><td></td><td></td><td></td><td></td></t<>		· · · ·				
MEM       MCM       Decto       TTLE       Change       Addition         MELLER, HAROLD O       STARASOTA FL 34231       STARE ADBRESS      06/22/0001012006         STARASOTA FL 34231       Decto       STARASOTA FL 34231       CIT-ST-2P       ************************************		· .			u Departmen	
E       MillER, HAROLD'O       Taskets       100003300033193         FT samess       Taskets       -06/22/0001012006         FT rank       Inter samess       Inter samess					E	
str.zp       SARASOTA FL 34231       cmr.str.zp       ******S0.00       ******50.00         str.zp       Deleto       mtc       change       Addition         str.zp       Image: str.zp       Change       Addition         str.zp       Image: str.zp       Change       Addition         str.zp       Image: str.zp       Image: str.zp       Image: str.zp       Image: str.zp         str.zp       Image: str.zp       Image: str.zp       Image: str.zp       Image: str.zp         str.zp       Image: str.zp       Image: str.zp       Image: str.zp       Image: str.zp         str.zp       Image: str.zp       Image: str.zp       Image: str.zp       Image: str.zp         str.zp       Image: str.zp       Image: str.zp       Image: str.zp       Image: str.zp         str.sp       Image: str.zp       Image: str.zp       Image: str.zp       Image: str.zp         str.sp       Image: str.zp       Image: str.zp       Image: str.zp       Image: str.zp       Image: str.zp         str.sp       Image: str.zp       Image: str.zp       Image: str.zp       Image: str.zp       Image: str.zp       Image: str.zp         str.sp       Image: str.zp       Image: str.zp       Image: str.zp       Image: str.zp       Image: str.zp	lE	MILLER, HAROLD O			E	1000000000019
E       RARE         ET ADDRESS       GITV-ST-ZIP         ET ADDRESS       GITV-ST-ZIP         E       Decisio         TITLE       Change =:::         Addition         ET ADDRESS         STAP         E       Decisio         TITLE         RARE         STAP         E         E         ITTLE         RARE         STAP         E         Decisio         TITLE         RARE         STAFET ADDRESS         GITV-ST-ZIP         E         BARE         STAP         Change (Addition         RARE         STAP         Change (Addition         RARE         STAP         Change (Addition         STAP         Change (Addition         STAP         Change (Change						
T ADDRESS       TRET ADDRESS         81-21P       Diskip         P       Diskip         P       Diskip         TRET ADDRESS       TREE         S1-21P       TREE         B       Diskip         TREE       Diskip         TREE       TREE         S1-21P       TREE         S1-21P       Change         S1-21P       Change         Addition       STREET ADDRESS         S1-21P       Diskip         S1-21P       CitY-51-21P         S1       Diskip         S1 <td></td> <td></td> <td>., SIE. 210</td> <td></td> <td></td> <td>-06/22/0001012006</td>			., SIE. 210			-06/22/0001012006
Image: Strate in the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to evacute this report as required by Chapter 608, Florida Statutes.	- 87- ZIP			CITY- TITLE	- <b>8</b> T- 21P E	-06/22/0001012006 *****50.00 *****50.00
i       i	- #T- ZIP E			CITY- TITLE RAME	- \$T- ZIP E E	-06/22/0001012006 *****50.00 *****50.00
ST-74P       CTY - ST-74P         E       Debote       TTLE         Addition       STRET ADDRESS         ST-74P       Citange         Addition       STRET ADDRESS         ST-74P       CITY - ST-74P         E       Debote         STRET ADDRESS       CITY - ST-74P         E       Debote         TITLE       CRasse         Addition       STREET ADDRESS         ST-74P       CTASSE         I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signatur	- \$T- ZIP E IE EET ADDRE\$\$ - 8T- ZIP		Delete	CITY- TITLE NAME STREE CITY-	- \$T- ZIP E E E ADDRESS - \$T- ZIP	-06/22/0001012006 *****50.00 *****50.00 Change Addition
E Change Addition E Addition ET ADDRESS ST ACT ADDRESS ST ACT ADDRESS CITY ST - ZIP E Change Addition E Change Addition	- \$T- ZIP E E E ADDRE\$\$ - \$T- ZIP E		Delete	CITY- TITLE NAME STREI CITY- * TITLE	• \$T- 21P E E ET ADDRESS • \$T- ZIP	-06/22/0001012006 *****50.00 *****50.00 Change Addition
ET ADDRESS       STREET ADDRESS         - S1- ZIP       CITY- S1- ZIP         E       Detecto         FT ADDRESS       STREET ADDRESS         - S1- ZIP       Champs         Addition         E       STREET ADDRESS         - S1- ZIP       CTTY- S1- ZIP         E       Detecto         STREET ADDRESS       CTTY- S1- ZIP         E       Detecto         STREET ADDRESS       CTTY- S1- ZIP         I       Detecto         ITILE       NAME         STREET ADDRESS       CTTY- S1- ZIP         I       Detecto         ITILE       NAME         STREET ADDRESS       CTTY- S1- ZIP         I       Detecto       TITLE         NAME       STREET ADDRESS       CTTY- S1- ZIP         I       Increase or true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to exacute this report as required by Chapter 608, Florida Statutes.	- \$T- ZIP E E E ADDRE\$\$ - \$T- ZIP E E E E E E E E E E E E E E E E E E E		Delete	CITY- TITLE NAME STREE CITY- ``TITLE NAME STREE	• \$T- 21P E E ET ADDRESS • \$T- 21P E E E E ADDRESS	-06/22/0001012006 *****50.00 *****50.00 Change Addition
Interview       Interview         Interview	- \$T- ZIP E E E E E E E E E E E E E E E E E E E		Celete	CITY- TITLE RAME STREE CITY- NAMU STREE CITY- TITLE	- \$T- 21P E E E ADDRESS - \$T- 21P E E E ADDRESS - \$T- 21P E E	-06/22/0001012006 *****50.00 *****50.00 Change Addition
E       Image: Standard St	- \$T- ZIP E E E E E E E E E E E E E E E E E E E		Celete	CITY- TITLE RAME STREE CITY- NAMU STREE CITY- TITLE RAME	- \$T- 21P E E E ADDRESS - \$T- 21P E E E ADDRESS - \$T- 21P E E E E	-06/22/0001012006 *****50.00 *****50.00 Change Addition
ST-ZIP       CTTY-ST-ZIP         E       Delate         FE       TITLE         NAME       STREET ADDRESS         ST-ZIP       Change         I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	EET ADDRESS - ST- ZIP E EEET ADDRESS - ST- ZIP E EET ADDRESS - ST- ZIP E EEET ADDRESS - ST- ZIP		Debite	CITY- TITLE NAME STREE CITY- NAME STREE RAME STREE CITY-	- \$T- 21P E E E T ADDRESS - \$T- 21P E E E E ADDRESS - \$T- 21P E E E E ADDRESS - \$T- 21P	-06/22/0001012U05 *****50.00 *****50.00 Change Addition
Image: Figure 1       Image: Figure 2       Image: Figure 2       Image: Figure 2       Addition         Image: Figure 2       Image: Figure 2       Image: Figure 2       Addition         Image: Figure 2       Image: Figure 2       Image: Figure 2       Addition         Image: Figure 2       Image: Figure 2       Image: Figure 2       Addition         Image: Figure 2       Image: Figure 2       Image: Figure 2       Addition         Image: Figure 2       Image: Figure 2       Image: Figure 2       Addition         Image: Figure 2       Image: Figure 2       Image: Figure 2       Addition         Image: Figure 2       Image: Figure 2       Image: Figure 2       Addition         Image: Figure 2       Image: Figure 2       Image: Figure 2       Addition         Image: Figure 2       Image: Figure 2       Image: Figure 2       Addition         Image: Figure 2         Image: Figure 2       Image: Figure 2       Image: Figure 2       Image: Figure 2       Image: Figure 2       Image: Figure 2         Image: Figure 2       Image: Figure 2       Image: Figure 2       Image: Figure 2       Image: Figure 2       Image: Figure 2       Image: Figure 2         Image: Fi	- \$T- ZIP E E E T ADDRE\$\$ - \$T- ZIP E E E E ADDRE\$\$ E E E T ADDRE\$\$ - \$T- ZIP E E E T ADDRE\$\$ E E T ADDRE\$\$ E E E E T ADDRE\$\$ E E E E E E E E E E E E E E E E E E		Debite	CITY- TITLE NAME STREE CITY- NAME STREE CITY- NAME STREE CITY- TITLE	- \$T- 21P E E E T ADDRESS - \$T- 21P E E E E T ADDRESS - \$T- 21P E E E E T ADDRESS - \$T- 21P E E	-06/22/0001012UU6 *****50.00 *****50.00 Change Addition
ET ADDRESS     STREET ADDRESS       - ST- ZTP     CITY- ST-ZIP         I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	- \$T- ZIP E E E T ADDRE\$\$ - \$T- ZIP E E E E ADDRE\$\$ - \$T- ZIP E E E ADDRE\$\$ - \$T- ZIP E E E E ADDRE\$\$		Debite	CITY- TITLE NAME STREE CITY- NAME STREE CITY- NAME STREE NAME STREE NAME STREE	- \$T- 21P E E E T ADDRESS - \$T- 21P E E E E ADDRESS - \$T- 21P E E E E ADDRESS - \$T- 21P E E E E E E E E E E E E E E E E E E E	-06/22/0001012006 *****50.00 *****50.00 Change Addition
• ST- ZTP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	- \$T- ZIP E E EET ADDRE\$\$ - \$T- ZIP E EET ADDRE\$\$ - \$T- ZIP E E E E E ADDRE\$\$ - \$T- ZIP E E E E E ADDRE\$\$ - \$T- ZIP E E E E E E ADDRE\$\$ E E E E E E E E E E E E E E E E E E		Delete	CITY- TITLE RAME STREE CITY- NAMI STREE CITY- TITLE RAME STREE CITY- TITLE RAME STREE CITY-	- \$T- 21P E E E E ADDRESS - \$T- 21P E E E ADDRESS - \$T- 21P E E E ADDRESS - \$T- 21P E E E ADDRESS - \$T- 21P E E E ADDRESS - \$T- 21P	-06/22/0001012UU6 *****50.00 ******50.00 Change Addition Change Addition Change Addition : Change Addition
indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	- \$T- ZIP E E E E T ADDRE\$\$ - \$T- ZIP E E E E T ADDRE\$\$ - \$T- ZIP E E E E T ADDRE\$\$ - \$T- ZIP E E E E T ADDRE\$\$ - \$T- ZIP E E E E E E E E E E E E E E E E E E E		Delete	CITY- TITLE RAME STREE CITY- *TITLE NAME STREE CITY- TITLE RAME STREE CITY- TITLE NAME STREE CITY-	- \$T- 21P E E E T ADDRESS - \$T- 21P E E T ADDRESS - \$T- 21P E E E T ADDRESS - \$T- 21P E E E ADDRESS - \$T- 21P E E E E ADDRESS - \$T- 21P E E E E ADDRESS - \$T- 21P E E E E E E E E E E E E E	-06/22/0001012UU6 *****50.00 ******50.00 Change Addition
limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	- \$T- ZIP E E E E T ADDRE\$\$ - \$T- ZIP E E E E E T ADDRE\$\$ - \$T- ZIP E E E E E E E T ADDRE\$\$ - \$T- ZIP		Delete	CITY- TITLE RAME STREE CITY- *TITLE NAME STREE CITY- TITLE RAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY-	- \$T- 21P E E E T ADDRESS - \$T- 21P E E T ADDRESS - \$T- 21P E E E T ADDRESS - \$T- 21P E E E T ADDRESS - \$T- 21P E E E E E E E E E E E E E	-06/22/0001012UU6 *****50.00 ******50.00 Change Addition Change Addition Change Addition : Change Addition
	81-ZIP ET ADDRESS 81-ZIP ET ADDRESS ET ADDRESS 81-ZIP ET ADDRESS 81-ZIP ET ADDRESS 81-ZIP ET ADDRESS 81-ZIP I hereby c indicated	Certify that the information supplied		CITY-	- ST- ZIP E E E T ADDRESS - ST- ZIP E E E T ADDRESS - ST- ZIP E E E ADDRESS - ST- ZIP E E E T ADDRESS - ST- ZIP E E E ADDRESS - ST- ZIP E E E ADDRESS - ST- ZIP E E E ADDRESS - ST- ZIP E E B E ADDRESS - ST- ZIP	-06/22/0001012U95 *****50.00 *****50.00 Change Addition Change Addition Change Addition Change Addition Change Addition

	February 1998) trent of the Treasury	(For use by e governme	employers, corporation nt agencies, certain inc	s, partnerships, lividuals, and o	trusts, estate thers. See inst	s, churches, tructions.)	OMB No. 1	1545-0003		
	al Revenue Service	<u> </u>	a training and the second s	by for your reco	rds.					
	1 Name of applicant	t (legal name) (se	e instructions) MILLE	BAT	TO RNA	FY, 2	C.			
learly	2 Trade name of bu	siness (if differen	t from name on line 1)	3 Executor	3 Executor, trustee, "care of" name					
Please type or print clearly	4a Mailing address (s 7350 S. 7	treet address) (ro AMIAMI	om, ant., or suite no.)	5a Business	address (if dif	ferent from ad	dress on lines 4a	and 4b)		
ype ol	4b City, state, and ZI		=2	5b City, stat	e, and ZIP coc	le				
ease	6 County and state	where principal b	usiness is located							
			ther, grantor, owner, or tri	ustor—SSN or ITI	N may be requir	ed (see instruct	ions) ► <u>/ 7/ 1</u>	28.304		
8a	Type of entity (Check	only one box.) (s	ee instructions)							
	Caution: If applicant	is a limited liabilit	y company, see the insti	ructions for line l	Ba.					
		561)		Estate (SSN of	docodant'	; ;				
	Sole proprietor (SS		Dial service corp.	Plan administra	•					
		_	onal Guard	Other corporatio	•	- 2				
	State/local governme	ment 🗌 Farm	ers' cooperative	Trust						
	Church or church-	-		Federal govern						
	Other nonprofit org	anization (specify	y) 🕨	(er	ter GEN if app	licable)		<del></del>		
b	☐ Other (specify) ► If a corporation, name	the state or for	eign country State			Foreign co				
	(if applicable) where ir		orgin country state			1 or eight co	unu y			
	Reason for applying (C		x.) (see instructions)	Banking purpos	e (snecify purr	nse) ►				
	Started new busine						ype) 🕨			
,				Purchased goin	•	,opoonJ	);,	·· <b>·</b>		
	Hired employees (			Created a trust	•	<u> </u>				
	Created a pension Date business started		e) ► nth, day, year) (see instru	uctions)	11 Closing	Other (speriment) Other (speriment) of according to the according to th	cify) ► unting year (see	instructions)		
. <u> </u>	1-99.	<u> <b>A</b> 1999</u>				DEC	· •	<del></del>		
			d or will be paid (month, th, day, year)		: If applicant is	NON	6	·		
			d in the next 12 months. he period, enter -0 (se	e instructions)		Nonagricultu	ral Agricultural	Household		
	Principal activity (see	instructions) ►	CONSUL	TING						
	Is the principal busine If "Yes," principal proc	duct and raw mat	erial used ►		· · · · ·	· · · ·	🗌 Yes	No No		
	Public (retail)	Other	services sold? Please c r (specify) ►			<u></u>	ss (wholesale)	N/A=		
a	Has the applicant even Note: If "Yes," please		mployer identification nu 7b and 17c.	umber for this or	any other bus	iness?	· - 🗌 Yes	ĎX №		
b	If you checked "Yes" Legal name ►	on line 17a, give	applicant's legal name a	nd trade name s Trade nam		application, if e	different from line	1 or 2 above.		
c			tate where the application of the state where filed of the state where		er previous em		ation number if k ious EIN :	nown.		
der 1	penalties of perjury, I declare the	at I have examined this a	application, and to the best of my	knowledge and belief,	it is true, correct, an	9		5 060 J		
me	and title (Please type or p	xint clearly.)	MAROLDO	. pille	K, MNG		elephone number (inclu BER	10e area code) 94119665		
111-04		W/D	//	,	/	Date 🕨				
n Idl		70	Note: Do pot write below	w this line. For o	fficial use only					
	U		OLC. DO DOL MILLO DE D							

For Paperwork Reduction Act Notice, see page 4.

\_\_\_\_

 $\square$