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DOCUMENT # L9800001011						FILED				
PEACE RIVER REFUGE, L.L.C.										
D: : ABI		Marilla a Addana				01 FEB 15	PM 12:	28		
Principal Place		Mailing Address 2200 LAPSLEY LANE BOWLING GREEN KY 42102				SECRETARY OF STATE TALLAHASSEE.FLORIDA				
ARCADIA FL 3	4266				***************************************					
2. Principal Place of Business		3. Mailing Address			'			1 0 1 13041 00101 17	1889 ITAL (MA)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI N	umber 59-3519630		_ 	plied For t Applicable]
Zip Country		Zip Coun		ntry	5. Certif	icate of Status Desired		5.00 Addi	itional	1
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name	and Address of New Re		ee Required gent	1	
				Nam	. 					=
BETTERTON, GREG A 981 RIDGEWOOD AVE., SUITE 101				Street Address	(P.O. Box N	umber is Not Acceptable)			7	
VENICE FL 34292										
							FL	Zip Code	}	
8. The above	named entity submits this statement fo	r the purpose of changing its	s register	ed office or regist	ered agent, o	or both, in the State of Flor	ida.			
SIGNATURE .		·								
	Signature, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registere	ed Agent signature requi	red when reinstatir	ng)	DATE			1
		FILE N Make Check P		FEE IS \$50.00 to Department						
	MANAGING MEMBI		10.	-		ADDITIONS/0	CHANGES			-
9. TITLE	MEM	Delete	TITL			, ADDITIONO)		Change	Addition	É
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CITY-ST-ZIP	//	/ /		Y-ST-ZIP						
11. I hereby of indicated limited lia	certify that the information supplier with on this report is true and accurate and ability company or the receiver of tryster	this filing does not qualify for that my signature shall have empowered to execute this	or the exe e the sam s report a	emption stated in le legal effect as i ls required by Cha	Section 119.6 f made under apter 608, Flo	07(3)(i), Florida Statutes. I r oath; that I am a managi rida Statutes.	further cert ng member	ify that the ir r or manage	nformation r of the	
SIGNAT	URE:	F SIGNING MANAGING MEMBER, M.	ANAGER, OF	R AUTHORIZED REPRE	ESENTATIVE	/-/8-0/ Date	<u>(270</u>) 78/-9/0 aytime Phone #	20	