2001 UNIFORM BUSINESS REPORT (UBR)

Country Country Zip Country Store Country Store Status Desired \$5.00 Additional Fee Regulated Agent 7. Name and Address of New Registered Agent 7. Name and Address 7. Nam	DOCUMENT # L9800001112						OI MAY II	AM 9: 34		
1528 OLD HGWHAY 41, SUITE D TAYARES R. 32778-2001 2. Principal Flace of Business Suita, Apt. #, etc. Suita, Apt. #, etc. Suita, Apt. #, etc. Do Not Writte In This space 2. Principal Flace of Business Suita, Apt. #, etc. Do Not Writte In This space 2. Principal Flace of Business Suita, Apt. #, etc. Do Not Writte In This space 2. Principal Flace of Business Suita, Apt. #, etc. Do Not Writte In This space 2. Principal Flace of Business Suita, Apt. #, etc. Do Not Writte In This space 3. Mailing Address of Suita. Do Not Writte In This space 4. FEI Number 59-3522734 Applied For Not Applied For Not Applied For Required In For Required 5. Country Suita Address of New Registered Agent 7. Name and Address of New Registered Agent FLE Now In Suita S	Principal Plac	e of Business	Mailing Address				IALLAHASSE	E. FLORIDA		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Do NOT WRITE IN THIS SPACE City & State City & State A, FET Number 59-3522734 Applied for Not Applied Part	15236 OLD HIGHWAY 441. SUITE D 15236 OLD HIGHWAY 441. SUITE				D			·		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Do NOT WRITE IN THIS SPACE City & State City & State A, FET Number 59-3522734 Applied for Not Applied Part		١								
City & State	Principal Place of Business Mailing Address						 	 		
Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Acceptable	Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
S. Neme and Address of Current Registered Agent .	City & Stat	e	City & State	& State		4. FEI Numb	59-3522734		oplied For	
ALI, RAHIEM R 15236 OLD HIGHWAY 441, SUITE D TAVARES FL 32778-5061 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 8. MANAGING MEMBERS / REMIEWAY PILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS / MEMBERS RITE NAME ALI, RAHIEM R ALI ALI ALI ADDITIONS/CHANGES COTY-51-2P ADDITIONS/CHANGES COTY-51-2P TITLE ANAME STREET ADDRESS COTY-51-2P TITLE ANAME	Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired	S5.00 Add	ditional ed	
ALI, RAHIEM R 15236 OLD HIGHWAY 441, SUITE D TAVARES FL 32778-5061 City FL Zip Code City 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 Florida. SIGNATURE Signature, types to prived name of registered agent, or both, in the State of Florida. SIGNATURE Signature, types to prived name of registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 8. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES ITTLE MARK MARK ALI, RAHIEM R 15236 OLD HIGHWAY 441, SUITE D TAVARES FL 32778 TITLE NAME SIRET ADDRESS OTTY-ST-2P TITLE NAME SIRET ADDRESS		6. Name and Address of Curre	ent Registered Agent		Name	7. Name and	Address of New Reg	istered Agent		
15236 OLD HighWAY 441, SUITE D TAVARES FL 32778-5061 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 Tyres or printed name of registered agent and the registerable. PATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS MEMBERS 10. ADDITIONS/CHANGES TITLE MARE ALI, RAHIEM R 12328 OLD HighWAY 441, SUITE D TSRETA ADDRESS CITY-S1-2P TAVARES FL 32778 CITY-S1-2P TITLE NAME SIRETA ADDRESS CITY-S1-2P TAVARES FL 32778 CITY-S1-2P TITLE NAME SIRETA ADDRESS CITY-S1-2P TITLE SIRETA ADDRESS CITY-S1-2P TITLE SIRETA ADDRESS CITY-S1-2P	ALI. RAHIEM R					- 40.0 0		<u> </u>		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE	·				Street Address (P.O. Box Number is Not Acceptable)					
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Superation typed or printed name of registered agent and time 4 applicable. (NOTE Projection of Agent agricultum requirem when registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State	TAVARES	FL 32778-5061						1		
SIGNATURE Signature types of private name of ingicianed agent and title if applicable (NOTE Registered Agent agreeture required when revisating) DATE			•		City	-		FL Zip Cod	le	
9. MANAGING MEMBERS / MEMBERS 10. ADDITIONS / CHANGES 11ILE NAME STREET ADDRESS 11ILE NAME NA			gent and title if applicable.	(NOTE: Registered	d Agent signature requ	ired when reinstating)	in, in the State of Fibrid			
MGRM ALI, RAHIEM R 15236 OLD HIGHWAY 441, SUITE D TAVARES FL 32778 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CI						I .				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS S	9.	MANAGING MEMBERS/MEMBERS				ADDITIONS/CHANGES				
TITLE	NAME STREET ADDRESS	ALI, RAHIEM R 15236 OLD HIGHWAY 441, SI		NAMI STRE	ET ADDRESS			☐ Change	☐ Addition	
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NAME STREET ADDRESS STREET ADDRESS	NAME Street address		☐ Delete	NAM! Stre	E Et address			☐ Change	Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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	NAME Street Address City-St-Zip	ortify that the information or		NAMI Stre City	E Et address -St-Zip	Section 440.07/2	(i) Closide Ctab.		Addition	

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.