-4.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				4		Ì
	James Wall				A	MARIAR	4
DOCU	MENT # 19800000122	4	ŢΥ	人口人	Ц	AUU LANT	
1. Entity Nam	TOES L.L.C.		<i>[</i> .	and d		FILED	•
V DELVETATION THE SOME						O) 401 MAY 30 PH 4: 46	
A DEMOMBILITY & OL					<u>U</u>	2 1	a-{
Principal Place of Business Mailing Address				•		SECRETARY OF STATE	1
1857 Wells Rd., Ste 200 1857 Wells Rd., Orange Park, FL 32073-2340 Orange Park, FL				Ste 200		TALLAHASSEE FLORIDA	į
Orange	Orange Park, 1	FL 32	073–2340				
							littl -
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address				IJH
						×10.0	114
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	\$ 18
City & State	8	City & State				4. FEI Number Applied	d For
	· · · · · · · · · · · · · · · · · · ·					<u></u>	plicable
Zip	Country	Zip C		Country		5. Certificate of Status Desired Specificate of Status Desired Fee Required	al''
	6. Name and Address of Current	Registered Agent	<u>ا</u>	, (<u></u>	ب - چښېت عي
Michala			Name				
Nichols, Charles T. 1857 Wells Rd., Ste 200				Street Address (P.O. Box Number is Not Acceptable)			. 3.0
	Park, FL 32073-2340						 -
,							
	_		City FL Zip Code				
8. The above named entity submits this statement to the our oseph changing its registered office or registered agent, or both, in the State of Florida.							
Alloc loos							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Out 0.000 0.							
GILENOWIII GEE(S) \$50,000 Make Check (Payable) to Department of State							
9.	MANAGING MEMB	ERS/MEMBERS	10.			ADDITIONS/CHANGES	
TITLE	MGRM	Delete	TITL			. Change	Addition [1083 (11/00)
NAME STREET ADDRESS	Nichols, Charles T.		NAM Stri	EET ADDRESS		1	33 (
CITY-ST-ZIP	1857 Wells Rd., Ste 200 Orange Park, FL 32073-2340		CITY	'-ST-ZIP			
TITLE	MGRM Delete			E		☐ Change ☐	Addition &
NAME	Richardson Heath			EET ADDRESS		500004433195	_>
STREET ADDRESS CITY-ST-ZIP	1857 Wells Rd., Ste 200			-06/20/0101085023			
TITLE	Grange Park, FL 32073-2340			#****ZUU_U=			
NAME			NAM				
STREET ADDRESS CITY-ST-ZIP	•			EET ADDRESS (-ST-ZIP			
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NAME	D.T.D.		NAN	~ 000	TO (2001	
STREET ADDRESS	REAS	Altheni	7 1	EET ADDRESS			
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TITLE NAME		☐ Delete	JTIT Nam			, Domago C) redución
STREET ADDRESS	·			EET ADDRESS		!	
CITY-ST-ZIP			CIT	(-ST-ZIP			
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NAME STREET ADDRESS			NAM STR	AE EET ADDRESS			
CITY-ST-ZIP				r-ST-ZIP	_		
11. I hereby	certify that the information supplied with	this filing does not qualify for	or the exe	emption stated i	in Se	ection 119.07(3)(i), Florida Statutes. I further certify that the informade under ceth, that I am a managing member or manager of	nation the
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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
Charles T. Nichols 04/06/2001 904-264-3036							
1	/ // // // //	الملك المراكز ومدا				04/06/2001 904-264-3036	1

IE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #