DOCUMENT # L9800001315					FILED		
MUSTANG GROUP, L.C.					01 APR 10 AM 7: 54		
Principal Place of Business Mailing Address 1401 SOUTH DIXIE HIGHWAY 1401 SOUTH DIXIE HIGHWAY					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
POMPANO BEACH FL 33060 2. Principal Place of Business 3. Mailing Address 2. Principal Place of Business 3. Mailing Address 3. Mailing Address					DO NOT WRITE IN THIS SPACE		
Suite, Apt. #, etc. Suite, Apt. #, etc.							
City & Sta	no Beach H	Pom pano	Beach	,FL 4. FI	65-0854707		Applied For Not Applicable
33C	6. Name and Address of Current F	3306 1-	Country USF	Τ _ _	ertificate of Status Desired	\$5.00 A	
Name Henry Van Vur >+							
VAN VURST, HENRY 1401 SOUTH DIXIE HIGHWAY POMPANO BEACH FL 33060				Address (P.O. Bo	x Number is Not Acceptable)	ville.	Road
			City C	ompan	no Beach	FL Zip Co	3060
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, typed or printed name of registered agent an		Registere Agent signal		T4000041	DATE	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of						/0101023 50.00 ****	~U14 *50.00 }
9.	MANAGING MEMBEI		10.		ADDITIONS/C		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAN VURST, HENRY 1401 SOUTH DIXIE HIGHWAY POMPANO BEACH FL 33060	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Henry 2800 Pomf	VanVurs Hammond	tuc Ro	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ 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)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my agnature 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. SIGNATURE: 11. I hereby certify that the information 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 agnature 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.							
J. W. 17.	SIGNATURE AND TYPED ORIGINATED NAME OF	NORTH DESCRIPTION OF THE PARTY AND THE PARTY	· ~ 1 1 4 4 1		v , U U	10 1 110	