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DOCUMENT # L9800001572 1. Entity Name 1. 40000007770 1 1 0							F	ILED					
JMHS ASSOCIATES, L.L.C.						01	AUG	20 PM 12:	17				
	ce of Business	·	Mailing Address			SE	CRETA	RY OF STAT	Ę				
6835 VIENTO WAY BOCA RATON FL 33433			6835 VIENTO WAY BOCA RATON FL 33433			Į,AL	LANA:	SSEE, FLORII	UA				
Principal Place of Business 3.			3. Mailing Address	Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE		IBI 11881 BIITI	ł00(0 1101 1001		
City & State			City & State	City & State			lumber	65-0847883	 }		oplied For]	
Zip Country			Zip	Zip Coun		5. Certif	icate of S	tatus Desired		5.00 Add		-	
	6. Name and	Address of Current Re	gistered Agent			7. Name	and Ado	ress of New Reg		•		1	
٠	-		Name							٦,			
SCHULTZ DEVELOPMENT, INC. 6835 VIENTO WAY BOCA RATON FL 33433					Street Addre	ess (P.O. Box N	lumber is	Not Acceptable)				_	
D.	ON TINIOIT I			-	City	·			FL	Zip Cod	e	1	
8. The above	named entity sub	omits this statement for th	ne purpose of changing its	registere	d office or regi	istered agent.	or both, in	the State of Florid	la.	L		1	
SIGNATURE .		oted name of registered agent and				quired when reinstatir			DATE				
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FILE NOW Make Check Payat							1 [10004:	552	921	O		
					nber 26, 200			08/23/1					
9.		MANAGING MEMBERS		10.				李米米本本[5]		非常等半年	ou.uu	_	
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STREET ADDRESS CITY-ST-ZIP		gen general and a second	(1) 2 PRICE AS MASS TO	STREET CITY-S	T ADDRESS								
11. I hereby c	ertify that the info	rmation supplied with this	s filing does not qualify for t	bo over	untion stated is	Section 110.0	7/3/// (*)-	vrida Statuta - 1.6	thor south	that th = !	formatio=	1	
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 signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the recoil er or this leader had year to execute this report as required by Chapter 608, Florida Statutes.													
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SIGNAL		PED OR PRINTED NAME OF SIC	SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEVIEW, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Date Dayline Phone #										