FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee \$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company DOCUMENT # 1.98000001816				FILEO 99 SEP 24 AM 10: 50 SEUGLIAGO DO STARA TALLAHASSEE, FLORIDA			
							of Limited Liability Company PATITAS TR 5876 COPPE
Principal Place of Business 2a. Mailing Address		iling Address		3. Date Organized or Qual	fied 3a. Stat	e of Formation	
		uite, Apt. #, etc. ity & State		09/11/1998	FL	T==	
				59-3532	723	Applied For Not Applicable	
p Country	у Zip	Country	, 	5. Date of Last Report	· · · · · · · · · · · · · · · · · · ·	cate of Status Desired	
Pursuant to the provisions of S registered office or registered agent, and accept the	EEK DRIVE L 32218 Sections 608.416 and 608.50 gent, or both, in the State of Fi ne obligations.	orida. Such change was au	Suite, Apt. #, etc. City ove-named limited lia thorized by affirmative	bility company submits this	Zip Code statement for it	ne purpose of changing accept the appointment	
(Regis		Busines	ss Street Address		City, State and Zip Code		
(Regis	lembers/Manage/s	t					
Title Managing M GR DUNMEYER,		762 CONISE		PRIVE JAC	NE MOUN KSONVIL 10/07/39 ****588.)8363 01042018	