LIMITED LIABILITY COMPANY ANNUAL REPORT 1999	FI FI	LORIDA DEPARTME Katherine I Secretary of DIVISION OF CORF	NT OF STATE farris State	FILED 99 MAR 29 AN 10:00
ILING FEE Annual Report \$10				Ī
\$ 188.75 Make Check Paya Name and Mailing Address of Limited Liability Company DO	CUMENT	#		SECEDIT VILLEGATE TALLAM LIGGET, FECRIDA
of Elimited Elability Company	· · · · · · · · · · · · · · · · · · ·	" 1980000	02333	1a. Principal Place of Business Address
ADVANCED BUSINE 4707-140TH AVEN CLEARWATER FL 3	UE NORTH	OLOGIES, L , SUITE 21	LC 3	4707-140TH AVENUE NORTH, SUI CLEARWATER FL 33762
Principal Place of Business	2a. Mailir	ng Address		Date Organized or Qualified 3a. State of Formation
uite, Apt. #, etc Suite, Apt.		#, etc.		10/19/1998 FL
City & State	City & Sta	ite		59-353 7074 ☐ Not Applicable
Zip Country	Ζip	Count	ry	5. Date of Last Report 6. Certificate of Status Desired 88.75 Additional Fee Required
7. Name and Address of Co	urrent Registered	Agent	8	Name and Address of New Registered Agent/Office
				****18975 **** 1 8975
Pursuant to the provisions of Sections 60: ts registered office or registered agent, or both as registered agent, and accept the obligation	n, in the State of Flor	Florida Statutes, the alida Such change was a	City bove-named limited uthorized by affirma	I liability company submits this statement for the purpose of changing ative vote of a majority of the members. I hereby accept the appointment
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SIGNATURE:

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