MAME NAME STREET ADDRESS STREET "ADDRESS CITY. ST. 7IP CITY-81-ZIP Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- 87-71P

TITLE

MAME STREET ADDRESS

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CITY-8T-7(P

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 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:** 

TITLE NAME

TITLE

STREET ADDRESS

CITY-87-ZIP

SIGNING MANAGING MEMBER OR MANAGER

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