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DOCU 1. Entity Nam	MENT # L980	00003233				18 ILEB			
CASEY RESEARCH SERVICES, LLC					SECRETARY OF STATE DIVISION OF CORPORATIONS				Ą
18 28 198 MG 187 MG									
Principal Place of Business Mailing Address				00 MAR 16 PM 3: 21			1		
% LARS HOLFVE % LARS HOLFVE									
350 TAYLOR AVE., APT. B-5 350 TAYLOR AVE., APT. B-5 CAPE CANAVERAL FL 32920-3055 CAPE CANAVERAL FL 32920-3055				1					
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2. Principal P	Place of Business	3. Mailing Address				1801;BII 818 IPIBI 18111 88111 88111 88111 881		HIND IN IDE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number 59 - 33 9 85 07 Applied For				٦
City & State		City & State			APPLIED FOR Not Applicable				
Zip Country		Zip	Country		5. Certii	icate of Status Desired	\$5,00 Add		
7	6. Name and Address of Curre	nt Registered Agent			7. Name	and Address of New Registered	<u>-</u>		_
UOLEE LADO				Name					
HOLFVE, LARS 350 TAYLOR AVE., APT. B-5				Street Address (P.O. Box Number is Not Acceptable)					
CAPE CANAVERAL FL 32920-3055									
				City FL Zip Code					
8. The above	named entity submits the statement	for the purpose of changing	its register	 red office or regist	ered agent,	or both, in the State of Florida.			1
7	~ \MAL/ell.					3/13/00			
SIGNATURE !	signature, yped or printed name of registered ag-	ent and title if applicable. (N	OTE: Registere	ed Agent signature requi	red when reinstati	ng) DATE			4
		FILE	NOW!!!	FEE IS \$50.00)	H			
		Make Check	Payable t	to Department	of State			.:	
9.	MANAGING MEM	MBERS/MEMBERS	10.			ADDITIONS/CHANGE	ES		1
TITLE	MGR	☐ Detate	TITL				Change	noitfibbA 🔝	R2E083 (9/99)
NAME STREET AODRESS	HOLFVE, LARS 350 TAYLOR AVE. APT B5			HEET ADDRESS		400003183	B24-	Ei	83
CITY ST-ZIP	CAPE CANAVERAL FL-32920-3	3055		Y- \$T-ZIP		-03/24/00	<u> </u>	000	
TITLE	MGRM HOLFVE, PER-OLOF	L_ Delate	TITL			****50.00) [] [* [] Apprillen	
STREET ADDRESS	350 TAYLOR AVE. APT B5			REET AODRESS					
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CITY- 8T- ZIP				Y-ST-ZIP	.	OTTOWN FILE OF THE STATE OF THE	- alf in a second	-fo.co1:	4
 indicated 	certify that the information supplied value on this report is true and accurate a ability company or the receiver or true	nd that my signature shall ha	ve the sam	ne legal effect as i	f made unde	roath; that I am a managing mem	ertify that the i ber or manage	ntormation er of the	
amited lie	company or the receiver or trus	gee-empowered to execute tr	ns report a	is required by CR	apter 000, FIC	2/11/2			
SIGNAT	TURE:	WHIE BES	JIRE	D		3/12/00			
	SIGNATURE ARBITY ED OR	PRINTED NAME OF SIGNING MANAGE	NG MEMBER	OR MANAGER		Date	Daytime Phone #		