DOCU	MENT # L99000	000435			8	•				
•• Entry Featra	» DME REPAIRS, LLC	ţ,			FIL	.ED				
Principal Place		Mailing Address 4551 SHIRLEY AVEN	ŧUE	<u> </u>		4 PH 12: 17				
JACKSONVILL		JACKSONVILLE FL 3	32210			OF STATE E, FLORIDA				
2. Principal Pl	lace of Business	3. Mailing Address								
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE I	N THIS SP	ACE		
City & State)	City & State			4. FEI Number	59-3551584			oplied For ot Applicable	, ,
Zip	. Country	Zip	Country		5. Certificate of	Status Desired	□ \$: Fe	5.00 Add	ditional d	
	6. Name and Address of Curren	t Registered Agent		Name -	7. Name and A	ddress of New Regi	istered Ag	ent		-
	ero, James Jr 19 crosswinds rd		F	Street Address	(P.O. Box Number is Not Acceptable)				4	
				·····						_
	CKSONVILLE FL 32244			City			FL	Zip Cod	e	_
JAC	CKSONVILLE FL 32244	for the purpose of changin			ered agent, or both,	in the State of Florid	• •	Zip Cod	e	
JAC 8. The above SIGNATURE				office or registe	-	in the State of Florid	• •	Zip Cod	e 	
JAC 8. The above SIGNATURE	named entity submits this statement t	nt and title if applicable.	NOTE: Registered A	office or registe gent signature require EE IS \$50.00	red when reinstating)	00046				
JAC The above	named entity submits this statement t	nt and title if applicable. FILI Make Check	ng its registered (NOTE: Registered A	office or registe gent signature require E IS \$50.00 Department	red when reinstating)	in the State of Florid	DATE		1 1	
JAC B. The above SIGNATURE _ 2 2 3 4 3.	named entity submits this statement I Signature, typed or printed name of registered ager MANAGING MEME	nt and title if applicable. FILE Make Chect Due BERS / MANAGERS	(NOTE: Registered (NOTE: Registered A) E NOW!!! FE K Payable to e By Septemb 10.	office or registe gent signature require E IS \$50.00 Department	red when reinstating)	00046	DATE	1 0-1)28(******	1	1) · · · · · · · · · · · · · · · · · · ·
JAC 8. The above SIGNATURE _ 9. 1. 9. 1. 1. 9. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	named entity submits this statement (Signature, typed or printed name of registered ager MANAGING MEME MGRM LIBERO, JAMES JR 8149 CROSSWIND RD	nt and title if applicable. FILE Make Chect Due	(NOTE: Registered A (NOTE: Registered A E NOW!!! FE ik Páyable to ' How Septemb 10. TITLE NAME STREET /	office or registe gent signature require E IS \$50.00 Department opp 26, 2001	red when reinstating)	1 00046 1 -09/20/0 *****50	DATE	1 0-1	1 1	(2)
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