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|---|------------------|------------------------------------|---|---------------|--|---|--|--------------------|
| DOCUMENT # L9900000797 1. Entity Name | | | | | |) 081600 E | | |
| 634 ANCHORS STREET, L.L.C. | | | | | | SECRETARY OF STATE DIVISION OF CORPORATIONS | | |
| | | | | | / / | - | 00 AUG 22 AH 10: 02 | |
| Principal Place of Business Mailing Address | | | | | 1 | MORROWA | | |
| 1610 BARRANCAS AVE. PENSACOLA FL 32501 | | | 1610 BARRANCAS AVE. PENSACOŁA FL 32501 | | | | | |
| FLINGHOUSE | 1 6 02.001 | | TENOROGER TE 02501 | | | 1 | | , |
| | | | | | | | | |
| 2. Principal P | lace of Busir | ness | 3. Mailing Address | | | | - I (BBIHAN) OLA (BILO IDNI BONI BONI BONI BONI BONI BONI BONI HODI HODI BONI BONI BONI | ļ |
| | | | Suite Ant # etc | | | 4 | / | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | 1 |
| City & State | | | City & State | | | 4. FEI 1 | Number Applied For | |
| | | | | | Not Applicable | | | |
| Zip | Zip Country | | Zip | Zip Count | | 5. Certi | ificate of Status Desired \$5.00 Additional Fee Required | ŀ |
| - | 6. Name | and Address of Curren | t Registered Agent | <u> </u> | | 7. Nam | ne and Address of New Registered Agent | \exists |
| | - | | Name | | | | | |
| LIBERIS, CHARLES S | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| 1610 BAR | | | | | | | | |
| PENSACOLA FL 32501 | | | | | | | | _ |
| | | | | | City FL Zip Code | | | |
| 8. The above | named entit | y submits this statement t | or the purpose of changing its | register | ed office or registe | red agent, | or both, in the State of Florida. | - • |
| ٠,4 | | | | | | | | ŀ |
| SIGNATURE . | Signature, typed | or printed name of registered ager | at and title if applicable. (NOT | E: Registere | ed Agent signature require | d when reinstat | ting) DATE | |
| | | | | | | | | |
| | | | | | FEE IS \$50.00 | | | |
| | | | Make Check Pa | iyable t | o Department o | or State | | |
| 9. | | MANAGING MEMB | ERS/MANAGERS | 10. | <u> </u> | | ADDITIONS/CHANGES | ゴュ |
| TITLE | MGR | , | ☐ Delete | TITL | | | ☐ Change ☐ Additio | = IZE083 (5/00) |
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| NAME . | ٠ | | | NAM | ı | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | 4 | EET ADDRESS '-ST-ZIP | | | |
| | ertify that the | information supplied wit | h this filing does not qualify fo | | | action 119. | 07(3)(i), Florida Statutes. I further certify that the information | \dashv |
| 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 significant 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | | | | |
| | , | 1/17. | | | | | 011 - 100011- | |
| SIGNAT | URF. | SIGNI | WAR KING | BE | <u>D</u> . | | 8/10 100 BD 4384K47 | |
| JIGHAI | J. 11. | SIGNATURE AND TYPED OR PE | NINTED NAME OF SIGNING MANAGING | MEMBER (| OR MANAGER | | Dati Daytime Phone # | _[|