ZOUZ DINIFORM BUSINESS NEPON I	(ODA)
DOCUMENT # L9900001368	* · · · Ca
WHALEN TENNIS COMPANY FLORIDA, L.L.C.	•

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Principal Place of Bu	usiness	Mailing Address								
1660-1 BEACH AVE. ATLANTIC BEACH FL	32233	1660-1 BEACH AVE. ATLANTIC BEACH FL 32	1680-1 BEACH AVE. ATLANTIC BEACH FL 32233							
2. Principal Place of	Rusinass	3. Mailing Address								
'		"	1 ~							
9252 San	<u>Jose Blvd.</u>	9252 San Jos	<u>se Bly</u>	<u>/d.</u>						
Suite, Apt. #, etc.		Suite, Apt. #, etc.								
Apt. 2605		Apt. 2605								
City & State		City & State								
Jacksonvi	lle, FL	Jacksonville	e, FL							
Zip	Country	Zip	Coun	try						
32257	. USA	32257_	USA	ĺ		-				
6.	Name and Address of Cu	rrent Registered Agent								
				Na	me					

2. Principal Place of Business			3. Mailing Address	3. Mailing Address										
9252 San Jose Blvd. 9			9252 San Jose	9252 San Jose Blvd.										
			Suite, Apt. #, etc.						DO NOT WRI	ITE IN THIS	SPACE			
Apt. 2605 A		Apt. 2605	Apt. 2605											
City & State C			City & State	City & State			4. FEI Nu	ımber	59-35631	62	Ā	pplied For	7	
Jacksonville, FL J			Jacksonville,	Jacksonville, FL					J3 J300 II	UZ	N	ot Applicable	7	
Zip		Country	Zip				E Comiti	C			\$5.00 Ad	ditional	7	
32257		USA	32257_	USA	- ا	<u>.</u>	3. Certiii	Sale Oi S	status Desired		Fee Require	d		
	6. Name	and Address of Current	Registered Agent				7. Name	and Ad	dress of New I	Registered	Agent		1	
WHALEN, MICHAEL D 1660-1 BEACH AVENUE					ael D. Address (P.			Not Acceptabl	e)			-		
		CH FL 32233		Apt. 2605			P.O. Box Number is Not Acceptable) Jose Blvd.						$\frac{1}{2}$	
											Zin Cod	e.	$\frac{1}{2}$	
						sonvi				FI	Zip Coo 3225	<u> </u>	_	
8. The above	named entity	submits this statement fo	r the purpose of changing its	egistere	ed office o	r registere	d agent, o	r both, ir	n the State of Fl	orida.				
						• •							ı	
SIGNATURE _	Signature, typed o	or printed name of registered agent	and title if applicable. (NOTE	Registered	d Agent signa	ture required w	hen reinstating	ונכ		DATE				
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			FILE NO		- '									
			Make Check Pay		-		State							
			Drie	By ME	y 1, 200	12							ł	
9.		MANAGING MEMBE	RS/MANAGERS	10.					ADDITIONS	/CHANGE	S		1	
TITLE	MGRM		☐ Delete	TITLE					-		Change	Addition	13	
NAME	WHALEN,	MICHAEL D		NAME	E			•	٠.				3	
STREET ADDRESS	s 1660-1 BEACH AVENUE			STRE	ET ADDRESS	9252	252 San Jose Blvd., Apt. 2605							
CITY-ST-ZIP	ATLANTIC	BEACH FL 32233		CITY-	ST-ZIP				L 32257				إ	
TITLE		-	☐ Delete	TITLE				-			☐ Change	☐ Addition	18	
NAME				NAME	_							—	`	
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				VIII	01-511								1	

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: MICHAEL DRIVING MANAGER, OR AUTHORIZED REPRESENTATIVE

4-30-02 904 9104576