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CMT GR	OUP LLC:			DVISION	0F COM 02	n Marine	
Principal Plac	ce of Business	Mailing Address		00 31.			
	77 E. KENNEDY BLVD SUITE 1400 201 E. KENNEDY BLVD S MPA FL 33802 TAMPA FL 33602		SUITE 1400	TE 1400		,	
					# (###)(##) BYE (##)(# (##)(# ###) ###	JELORIK BAKALUNDA DARI	# 200 0 # 1 00 (# 1 0
•	Place of Business	3. Mailing Address	· · · · · · · · · · · · · · · · · · ·				
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3360		-33602	<u>- asa -</u>		ficate of Status Desired [Fee Require	d_
	6. Name and Address of Current F	Registered Agent	Name	7. Nam	e and Address of New Regis	tered Agent	
TAYLOR, CINDY KNOTT					TAYLOR		
201 E. KENNEDY BLVD., SUITE 1400			Street	Address (P.O. Box I	lumber is Not Acceptable)		
TAMPA FL 33602			ىد	17E 950	•		
			City	2A	· · · · · · · · · · · · · · · · · · ·	FL Zip Code	e
8. The above	named entity submits this statement for	the purpose of changing its		or registered agent,	or both, in the State of Florida.		00 4-
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SIGNATURE	Signatura, typed or prieted name of registered agent at	nd title if applicable. (NOTE	Registered Agent signs	ature required when reinsta:	<u>(C</u>	17100	-
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	·	Make Check Page)Will FEE IS : vable to Depart				
9.	MANAGING MEMBER		10.	MGR	ADDITIONS/CHA		Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. hereby c	pertify that the information supplied with a on this report is true and accurate and the contract of the contr	Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ated in Section 119.	07(3)(i), Florida Statutes. I furth	er certify that the in	oformation

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGER OR MANAGER Date Daytime Phone #