APPROVED AND

Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SY

	MENT#	L9900	0002394							
1. Entity Nam	ne RNE ENTERPF	NSES, LLC					00 APR 2	28 AM 9	: 07	
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Dringing Disc	an of Business		A A a Minor A aldroom			_	SECRETA TALLAHA	ARY OF S SSEE, FL	IAFE ORIDA	
Principal Place of Business			Mailing Address			1	17166711111	OULUII L		
8350 GLENGARRY PLACE 8350 GLENGARRY PLACE NEW PORT RICHEY FL 34655 NEW PORT RICHEY FL 3										
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			L = - ()							
2. Principal P	Place of Business		3. Mailing Address			1198		DITT BETT 4514 ES	HT# 11908 11218 1	91)1 6191 198 1
Suite, Apt.	#, etc		Suite, Apt. #, etc.				DO NOT WE	RITE IN THIS S	PACE	
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City & Stat	16		City & State			4. FEI Num	357/842	3	L L	t Applicable
Zip Country		try	Zip Coun		try	y 5 Certificate of Status Desired 55.00 Additions			itional	
	6 Name and Ad	dress of Current F	Pegistered Agent				nd Address of New	t	ee Required	<u> </u>
	o. Hame and Ad	uress of Gullent F	icgistered Agent		Name	7. Haille al	- nautos VI IICN	g.storeu M	2 ~	
DONEY, DAVID M					Street Addre	ess (P.O. Box Num	per is Not Acceptab	ie)		
	ennedy blvd., su	ITE 1700				(
tampa fl	L 33602									
					City			FL	Zip Code	•
3. The above	named entity submit	s this statement for	the purpose of changing i	its registere	d office or regi	istered agent, or b	oth, in the State of F	lorida.	-/	
SIGNATURE .	Signature, typed or printed n	ame of registered agent ar	nd title if applicable. (NC	OTE: Registered	I Agent signature rec	quired when reinstating)		DATE		
SIGNATURE .	Signature, typed or printed in	ame of registered agent ar			-	<u> </u>		DATE		
SIGNATURE .	Signature, typed or printed in	ame of registered agent an	FILE N	NOW!!! F	EE IS \$50.6	00		DATE		
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9. TITLE	MGR M	ANAGING MEMBE	FiLE N Make Check F	NOW!!! For a second sec	EE IS \$50.0 Departmen	00	ADDITIONS		Chengo	Addition
9. TITLE	MGR HACKETT, DAVID	ANAGING MEMBE	FILE N Make Check F	NOW!!! For a second sec	EE IS \$50.0 Departmen	00	ADDITIONS		☐ Change	Addition
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9. VITLE NAME STREET ADDRESS STRY-ST-ZIP VITLE NAME STREET ADDRESS	MGR HACKETT, DAVID 8350 GLENGARR NEW PORT RICH	ANAGING MEMBE G Y PLACE	Make Check P RS/MEMBERS	NOW!!! FPayable to 10. TITLE NAME STRE CITY- TITLE NAME STRE	FEE IS \$50.6 Departmen	00 at of State	00003; -05/11	3492 700-01	□ Change 124 7 — 114 — 01	□ Addition
9. ISTLE HAME STREET ADDRESS STY-ST-ZIP HAME BTREET ADDRESS SITY-ST-ZIP	MGR HACKETT, DAVID 8350 GLENGARR NEW PORT RICH	ANAGING MEMBE G Y PLACE	Make Check P RS/MEMBERS	NOW!!! FPayable to 10. TITLE NAME STRE CITY- TITLE NAME STRE	EE IS \$50.6 Departmen ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	00 at of State	ADDITIONS OOO3: -05/11 -*****	3492 700-01	Change	□ Addition
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