

DOCUMENT # L99000002402

1. Entity Name

Circo Group, L.C.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

OCT 30 PM 11:02

Principal Place of Business

930 EAST SAMPLE RD.
POMPANO BEACH, FL
33064

Mailing Address

930 EAST SAMPLE RD.
POMPANO BEACH, FL
33064

mf

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

91-2029484

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

AT

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHRIS CIRCO
930 EAST SAMPLE RD.
POMPANO BEACH, FL 33064

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE: OWNER/MANAGER
NAME: CHRIS CIRCO
STREET ADDRESS: 3321 NE 110th ST
CITY-ST-ZIP: FORT LAUDERDALE, FL 33304

TITLE: [] Change [] Addition
NAME: 000003456800-6
STREET ADDRESS: -11/08/00--01025--002
CITY-ST-ZIP: *****55.00 *****55.00

TITLE: [] Delete
NAME: []
STREET ADDRESS: []
CITY-ST-ZIP: []

TITLE: [] Change [] Addition
NAME: []
STREET ADDRESS: []
CITY-ST-ZIP: []

TITLE: [] Delete
NAME: []
STREET ADDRESS: []
CITY-ST-ZIP: []

TITLE: [] Change [] Addition
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TITLE: [] Change [] Addition
NAME: []
STREET ADDRESS: []
CITY-ST-ZIP: []

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

942-0011
10/18/00 954-648-4191

Date

Daytime Phone #

CR2E083 (11/99)