200	IUNIFURM	BOSINE2	5 KEPU	KI.	(OBK)	<u></u>	eri ener				
DOCUMENT # L9900002685 1. Entity Name							۵۰۵ سال				
ST. LUCIE BUSINESS PARK, L.L.C.							FILED				
Principal Place of Business Mailing Address							01 JAN 26 AM 10: 39				
2240 WOOLE	BRIGHT ROAD. SUITE 300	2240 \	Mailing Address 2240 WOOLBRIGHT ROAD. SUITE 300								
BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426						SECRETARY OF STATE TALEAHASSEE, FLORIDA					
Principal Place of Business 3. Mailing Addre				Address							
Suite, Apt.	. #, etc.	Suite,	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & Stat	te	City 8	City & State			4. FEI Number 65-0927691 Applied For Not Applicable					
Zip	Zip Country		Zip Co		try5. Certificate of Status Desired [□ \$5.00	\$5.00 Additional			
	6. Name and Address	of Current Registered	Agent			7. Name and	Address of New Re				
					Name						
APPIGNANI, LOUIS J 2240 WOOLBRIGHT ROAD, SUITE 300					Street Address (P.O. Box Number is Not Acceptable)						
BOYNTO	N BEACH FL 33426										
					City			FL Zip	Code		
8. The above named entity submits this statement for the purpose of changing its registe								FL			
SIGNATURE	, and orange of the control of the c		oo on on on ong mg no		a omee er regie	iorod agorii, or boi		uu.			
OIGIVATORIE	Signature, typed or printed name of re-	gistered agent and title if applic	able. (NOTE	: Registered	d Agent signature requi	ired when reinstating)		DATE			
			EII E N	70A/111 A	FEE IS \$50.0	n					
			FILE INC Make Check Pa		-						
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9.		NG MEMBERS/MEME	ERS	10.			ADDITIONS/C				
TITLE NAME	MGRM APPIGNANI; LOUIS J		☐ Delete	TITLE			•	☐ Cha	nge 🗀	Addition	
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CITY-ST-ZIP	BOYNTON BEACH FL				ST-ZIP						
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STREET ADDRESS City-St-Zip					ET ADDRESS					j	
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NAME STREET ADDRESS				NAME	ET ADDRESS						
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NAME				NAME	I		n/		.go □	7.50(1.00)	
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STREET ADDRESS			•	NAME STREE	T ADDRESS					ļ	
CITY-ST-ZIP		ŧ			ST-ZIP '						
11. I hereby of indicated limited lia	certify that the information su on this report if true and acc bility company or the region	pplied with this filing di curate and that my sign or or trustee empowere	pes not qualify for nature shall have the d to execute this re	the exer he same eport as	nption stated in S legal effect as if required by Cha	Section 119.07(3)(made under oath pter 608, Florida S), Florida Statutes. I fi that I am a managin tatutes.	urther certify that g member or mai	the informager of t	nation the	
SIGNAT		ency y	Sign	بريو	71/27	•					
	SIGNATURE AND TYPED OR PRIN	ITED NAME OF SIGNING MAN	IAGING MEMBER, MAN	AGER, OR	AUTHORIZED REPRE	SENTATIVE	Date	Daytime Pho	16 #		