200 1	UNI	runm busi	INESS REPU	nı	IUDI	<u> </u>					
DOCUMENT # L9900002921 1. Entity Name											
DARKENT PROPERTIES, LLC							FILED				
Principal Place of Business Mailing Address							2001 APR 27 PM 4: 12				
1798 N. HERO	CULES AVENI		1798 N. HERCULES AVENUE CLEARWATER FL 33765			(DIVIGION OF COR TALLAHASSEE	PORATIO	NS		
CLEARWATER	1 FL 33703		OLLANWATER TE SOTOS				MELAHA22FE	, FLORID			
2. Principal P	lace of Busin	ess	3. Mailing Address						ALE FIELD LOUIS		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State	9		City & State			4. FEIN	4. FEI Number 59-3576816 Applied For Not Applicable				
Zip		Country	Zip Cou		ntry	5. Certificate of Status Desired \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent						7. Nam	e and Address of New i	Registered A	gent		
041010	D 1 D411				Name						
RAYMOND, J. PAUL					Street Add	iress (P.O. Box N	lumber is Not Acceptabl	ө)			
625 COURT STREET, SUITE 625										<u> </u>	
CLEARWATER FL 33756					0''				7:- 0-4		
					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.											
en de la companya de La companya de la co											
SIGNATURE _	Signature, typed	or printed name of registered agent a	and title if applicable. (NOTI:	: Registere	nd Agent signature	required when reinstati	ng)	DATE			
,				1 13.	1			210			
•			Make Check P	FEE IS \$5		900004 -05/1	5/010	11138	* 023		
			Make Check Pa	rabie i	Departin	elit Oi State	***	¥SÕ.00 ⊂	***	50.00	
9. MANAGING MEMBERS/MEMBERS							ADDITIONS	/CHANGES			
TITLE	MGRM		Delete	TITL					Change	☐ Addition	
NAME Street address		Darrald Iercules avenue		NAM STRI	EET ADDRESS						
CITY-ST-ZIP		TER FL 33765			'-ST-ZIP						
TITLE	MGRM		☐ Delete	TITL	Ē				Change	Addition	
NAME	KVIDERA,			NAM							
STREET ADDRESS CITY-ST-ZIP		HERCULES AVENUE ATER FL 33765			EET ADDRESS (-ST-ZIP						
IIILE	OLLAND	TILITY COOTO	☐ Delete	TITL	E				Change	Addition	
NAME				NAM							
STREET ADDRESS CITY-ST-ZIP					EET ADORESS /-St-Zip						
TITLE			☐ Delete	tin				······································	☐ Change	Addition	
NAME				NAM							
STREET ADDRESS					EET AOORESS						
CITY-ST-ZIP				╂—	Y-ST-ZIP				☐ Change	Addition	
TITLE NAME			Delete .	TITL				1	Cuanta	L.J Addition	
STREET ADDRESS					EET ADDRESS			5V			
CITY-ST-ZIP				CITY	-ST-ZIP		·····	1			
TITLE			☐ Delete	TITL				m mark park	Change	Addition .	
NAME Street Address				NAM STRI	EET ADDRESS				-		
CITY-ST-ZIP					-ST-ZIP		,				
11 I hereby c	artifu that the	information supplied with	this filing does not qualify to	the eye	emotion stated	d in Section 119	07/3)(i) Florida Statutes	I further certi	ify that the in	nformation	

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.

4-16-01 727-447-7099