

FILED
Mar 21, 2005 8:00 am
Secretary of State

20023488

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

2. Once the problem is identified, the next step is to define the objectives and goals of the project. This helps to clarify what needs to be achieved and provides a clear direction for the team.

3. The third step is to develop a plan or strategy to address the problem. This involves breaking down the problem into smaller, manageable tasks and determining the resources needed to complete each task.

4. The fourth step is to implement the plan. This involves putting the strategy into action and monitoring progress regularly to ensure that the project is on track.

5. Finally, the fifth step is to evaluate the results of the project. This involves assessing the outcomes against the objectives and goals to determine the effectiveness of the project and identify areas for improvement.

4. FEI Number 53-3593053	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

Principal Place of Business	Mailing Address
26251 S TAMiami TRAIL SUITE 6 BONITA SPRINGS, FL 34135	26251 S TAMiami TRAIL SUITE 6 BONITA SPRINGS, FL 34135

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	
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MAHAN, LEROY 13040 BRIDGEFORD AVE. BONITA SPRINGS, FL 34135	Name
	Street Address
	City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>Filing Fee is \$50.00 Due by May 1, 2005</p>		<p>Make check payable to Florida Department of State</p>
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9.	MANAGING MEMBERS/MANAGERS	10.	ADDITIONS/CHANGES
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TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'MALLEY, R M		NAME		
STREET ADDRESS	4021 ARROWWOOD CT		STREET ADDRESS		
CITY - ST - ZIP	BONITA SPRINGS, FL 34134		CITY - ST - ZIP		

TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAHAN, LEROY		NAME		
STREET ADDRESS	28044 CAVENDISH COURT, UNIT 5004		STREET ADDRESS	13040 Bridgeford Ave.	
CITY-ST-ZIP	BONITA SPRINGS, FL		CITY-ST-ZIP	Bonita Springs, FL 34135	

TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		

DATA ENTRY		DATA ENTRY	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone #