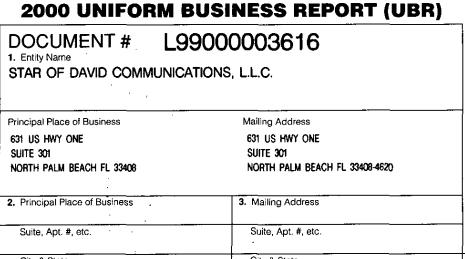
100 MAY -6 PH 3: 01

SECRETARY OF STATE VALLAHASSEE, FLORIDA







	V.			1				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	ulte, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State Ci		City & State	ity & State		4. FEI Number 65-0942170		Applied For Not Applicable	
Zip	Country	Zip	Country			\$5.00 Fee Requ	Additional	
	6. Name and Address of Curren	t Registered Agent		7. Name ar	d Address of New Regi	stered Agent		
***	,	Name	Name .					
SINGER, MICHAEL S ESQ. 701 NORTHPOINT PARKWAY			000000000000000000000000000000000000000	Street Address (P.O. Box Number is Not Acceptable)				
			Street Addre	Street Acquess (P.O. Box Number is Not Acceptable)				
SUITE 330	•							
						7in C	'odo	
WEST PALM BEACH FL 33407			City			FL Zip C	ode	
SIGNATURE	named entity submits this statement f		its registered office or regi		oth, in the State of Florida	DATE	· 	
		1	NOW!!! FEE IS \$50.0 Payable to Departmen					
9.	MANAGING MEMI	BERS/MEMBERS	10.		ADDITIONS/CH	IANGES		
TITLE	MGRM .	` Delete	TITLE			Chang	je 🔲 Addition	
NAME	ROSEN, GREGG M		NAME					
STREET ADDRESS	631 US HWY ONE SUITE 301	_	STREET ADDRESS					
CITY-8T-ZIP	NORTH PALM BEACH FL 3340	<u></u>	CITY- \$T-ZIP		<u> </u>			
TITLE	MGRM	Delata	TITLE			Chang	pa 🛄 Addition	
NAME	LEGER, BERNADETTE		NAME	O	0000326	30770		
STREET ACCRESS	3814 WOODS WALK BLVD		STREET ADDRESS CITY-81-ZIP		00 <b>00328</b> -06/08/00	01009	010	
CITY-ST-ZIP	LAKE WORTH FL 33467-2358				<del>*****50.</del>	①① - 赤谷本本 □ Chann	<del>50. до</del>	
TITLE		. Delete	TITLE		* 1 * . * . *	("] coant	a . Addition	
NAME STREET ADDRESS	,		STREET ADDRESS					
CITY- ST-ZIP	<u>.</u>		CITY- 87-ZIP					
TITLE		Delate	TITLE	-		Chang	e Addition	
NAME		ما المال الــــ	NAME					
STREET ADDRESS			STREET ADDRESS	,				
CITY-8T-ZIP			CITY- &T- ZIP					
TITLE		Detecto	TITLE		*****	☐ Chans	e Addition	
NAME 5		<del></del>	NAME				•	
STREET ADDRESS:			STREET ACCRESS					
CITY-ST-ZIP	·		CITY- 87- ZIP					
		Deleta	TITLE			Chang	e 🔲 Addition	
TITLE			NAME					
TITLE NAME			NAME					
			STREET ADDRESS	(				

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

Date

Daytime Phone #