	JMENT	FORM BUS # L990000	·				7.					
1. Entity Nar	me			•		4						
BLIMPIE PINELLAS FLORIDA LEASING, LLC								FILED				
Principal Pla	ce of Busines	e. Grand	Mailing Ad	dress		1	01	SEP 19 PM	12: 17			
Sonvi	VION.	Conferme	- 1775 Sul	The	BDC1	MANGU	SEC	RETARY OF ST	ATTE			
9200 Suite	50077 508,-	22151	BU ASI	and my	GA.	hangs 30.339	TALL	AHASSEE, FLO	PRIDA			
2. Principal	Place of Busin	ness -	3. Mailing	Address	عية مجورة - سريعت وأصد							
Suite. Apt	t. #, etc.		Suite, Ap	t. #, etc.	MARKETE 		Ť	, DO NOT V	VRITE IN THI	S SPACE		
City & Sto	ato.	المستحدث		- yez-		و المحيد سنتير						ר
City & Sta			CIN A.St	ale 🍱 🚈 ,	٠٠. المسكن	ئى ئىلىنىدىن. ئىلىنىدىن	5	Lumber 061283	a	<u> </u>	oplied For ot Applicable	-
Zip Signal	· · · · · · · · · · · · · · · · · ·		Jin ,−	Zina_		Country		5. Certificate of Status Desired Search Fee Required				
11 . 1/		and Address of Curren		•		Name	7. Name	e and Address of Ne	w Registered	d Agent		-
4200	Sout	ORPORATO	-SONV	1110	The.		(DO Day N		1.1.3			
Suite	50	8	<i>,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1000		Street Address	(P.U. BOX INI	lumber is Not Accepta	abie)			
Misn	mi,	F/ 33K	57									
						City			F	L Zip Cod	e	
8. The above	e named entity	submits this statement	for the purpose of	of changing its	registered	d office or registe	red agent, c	or both, in the State of	Florida.			
SIGNATURE	Signatura broad	or printed name of registered ager			* <b>P</b>							
774	oignature, typoo	or printed haine or registered again	it and the if applicable	(NOII)	negistered	gent signature require	o when reinstaun	<b>30000</b>	<b>461</b> 29	<b>1659</b> - 010040	<u>4</u>	
			Mak			EE IS \$50.00 Department of	2000			****** 01004(		
9.		MANAGING				Control of the Contro					ς	
TITLE	PRASS	MANAGING MEMI		Delete	10.			ADDITIO	NS/CHANGE	S Change	☐ Addition	6
NAME STREET ADDRESS	DAVID	LISINGE	i ·		NAME	ADDRESS				v	_	=
CITY-ST-ZIP	New	YORK, NY 1	0003		CITY-S	ADDRESS   T-ZIP						CR2E083 (11/00)
TITLE	ChAR	PROSTORNIT		Delete	TITLE	2				☐ Change	☐ Addition	CR2
NAME STREET ADDRESS	740	BROADWAL	1		NAME STREET	ADDRESS						,
CITY-ST-ZIP	Now	tork, NYI	0003		CITY-S	T- ZIP						
TITLE NAME			. [	Delete	TITLE			,		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP						ADDRESS					•	
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NAME Street Address					NAME							
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STREET ADDRESS CITY-ST-ZIP		_				ADDRESS					Ì	
	L			1	CITY-ST	<b>I</b>			•			
	certify that the	information supplied with	hithis filing does	not qualify for	the exemi	otion stated in Se	ction 119.07	7(3)(i), Florida Statute	s. I further ce	rtify that the in	formation	
	certify that the on this report bility compan	information supplied with is true and accurate and or the receiver or truste	n this filing does that my signatu e empowered to	not qualify for e shall have execute this	the exemple he same le eport as re	otion stated in Se egal effect as if n equired by Chap	ction 119.07 ade under o er 608, Flori	7(3)(i), Florida Statute oath; that I am a mar ida Statutes.	s. I further ce naging memb	rtify that the in er or manager	formation of the	
		information supplied win is true and accurate and y or the receiver or truste	h this filing does that my signatu e empowered to	ot qualify for e shall have execute this	the exemple le eport as re	otion stated in Se egal effect as if n equired by Chap	ction 119.07 nade under d er 608, Flori	7(3)(i), Florida Statute oath; that I am a mar ida Statutes.	s. I further ce naging memb	rtify that the in er or manager	formation of the	

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