

FILED
Apr 19, 2004 8:00 am
Secretary of State

DOCUMENT # L99000005274



Mailing Address
707 S. WASHINGTON BLVD.
SARASOTA, FL 34236-7835

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Country

01192004 Chg-LLC CR2E083 (10/03)

4. FBI Number
65-0943563

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)

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. 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 _____

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9.	MANAGING MEMBERS/MANAGERS
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10.	ADDITIONS/CHANGES
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TITLE	MGRM	<input type="checkbox"/> Delete
NAME	1099 MANAGEMENT COMPANY LLC	
STREET ADDRESS	707 S WASHINGTON BLVD	
CITY - ST - ZIP	SARASOTA, FL 34236	

TITLE	T	<input checked="" type="checkbox"/> Deleted
NAME	ROSA, SAVATORE	
STREET ADDRESS	707 S WASHINGTON BLVD	
CITY-ST-ZIP	SARASOTA, FL 34236	

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

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

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

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

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

TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	NARVAEZ, Christopher R.		
STREET ADDRESS	707 So. Washington Blvd.		
CITY - ST - ZIP	Sarasota FL 34236		

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

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

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

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 #