200	UNIFORM BUS	ME33 NEPU	n i	IUDI	*)						ξ
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ISENHOUR ENTERPRISES L.L.C.						FILED					٠,
"						01	JAN 17	PM 2: 5	56		
Principal Place of Business 9085 SOUTH A1A MELBOURNE BEACH FL 32951		Mailing Address 9085 SOUTH A1A MELBOURNE BEACH FL 32951				SECRETARY OF STATE TALLAHASSEE, FLORIDA					
							. (8):8 (8:4:4 8:6:4) !	15141 16 44 16 44 1	11 8 1		
2. Principal Place of Business		3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEI	Number	NOT APPL	.ICABLE		oplied For]
Zip	Country	Zip	Zip Coun		5. Certificate of Status Desired S5.00 Addition Fee Required					ditional	1
	6. Name and Address of Current	Registered Agent		Name	7. Nam	ne and Ad	dress of New				1
ISENHOUR, JEROME M 9085 SOUTH A1A				Street Ad	Idress (P.O. Box I	Vumber is	Not Acceptable	e)			
MELBOU	RNE BEACH FL 32951			City				FL	Zip Code	e	-
8. The above	named entity submits this statement for	the nurroose of changing its r	enister	ed office or I	registered agent	or both, in	the State of F		<u> </u>		-
	The state of the s	the perpendiction of the rights in	ogiotoi	30 011100 01 1	registered agent,	Or DOLLI, II	Tive State of T	onda.			
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registere	d Agent signatur	e required when reinstal	ting)		DATE			
•		FILE NO	WHI	FEE IS \$5	50.00						
		Make Check Pay		-						4	
9.	MANAGING MEMBE	RS/MEMBERS	10.				ADDITIONS	/CHANGES		P+	-
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CITY-ST-ZIP	MELBOURNE BEACH FL 32951		CITY	-ST-ZiP			***	×50.00	******	50.00 ~	<u>}</u> -
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STREET ADDRESS CITY-ST-ZIP			1	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: SIGNATURE AND TYPED OR PRINTED THATE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Date Date Description of Signing Managing Member of Signing Member of Signing Managing Member of Signing Managing Member of Signing Managing Member of Signing Member o											
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