1. Entity N	UMENT # ~ ~ L99 (ame FAMILY LLC.	000006466			! ► :	FILE	ED		
					0	1 MAR 20	AM II:	10	
Principal Place of Business 1601 HENDRY STREET FORT MYERS FL 33901		Mailing Address 1601 HENDRY STREET FORT MYERS FL 33901			S TA	ECRETARY LLAHASSE	OF STA	ATE RIDA	
2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address Suite, Apt. #, etc. City & State			1 10011011 8	(6 16116 16111 66111 64	iii Be iki Bb ill	23 111 2 1111 2	1818 81110 E111 181
					٠	DO NOT WRIT	E IN THIS S	SPACE	
					4. FEI Number 65-0951959 Applied				
Zip	Country	Zip	Country	5. (Certificate of S	Status Desired		\$5.00 A	Not Applicab
	6. Name and Address of Curro	ent Registered Agent	1-		lame and Ad	dress of New Re		<u>-</u> -	
1601 HE	I, MICHAEL F ENDRY STREET YERS FL 33901			treet Address (P.O. B	ox Number is	Not Acceptable)			
			Ci	la.			FL	Zip Co	de
8. The above	e named entity submits this statemen	٠.	· ·	<u></u>		the State of Flori			
SIGNATURE	Signature, typed or printed name of registered ag	pent and title if applicable. (NOT	IE: Regisseed Agen IOW!!! FEE ayable to De	ffice or registered age	nstating)		da.		
9. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ag	pent and trite if applicable. (NOT FILE N Make Check Pa MBERS/MEMBERS	TE: Registered Agen	ffice or registered age of signature required when re- ils: \$50.00 epartment of State ORESS	nstating)	the State of Flori	DATE HANGES	☐ Change	
	Signature, typed or printed name of registered ap MANAGING MEN MGRM DIGNAM, MICHAEL F TRUSTE 1601 HENDRY STREET	pent and trite if applicable. (NOT FILE N Make Check Pa MBERS/MEMBERS	OW!!! FEE	ffice or registered age in signature required when re- is \$50.00 Epartment of State PRESS	nstating)		DATE HANGES 011	☐ Change	Addition
9. TITLE STREET ADDRESS SITY-ST-ZIP TITLE TAME STREET ADDRESS SITY-ST-ZIP TITLE AME TITLE TITLE	Signature, typed or printed name of registered ap MANAGING MEN MGRM DIGNAM, MICHAEL F TRUSTE 1601 HENDRY STREET	FILE N Make Check Pa MBERS/MEMBERS Delete	ITE Registered Agen IOW!!! FEE ayable to De 10. TITLE NAME STREET ADD STREET ADD	ffice or registered age int signature required when re- ils:\$50.00 epartment of Statu ORESS P	nstating)	ADDITIONS/C	DATE HANGES 011 00 **	☐ Change	Addition Addition
9. ITTLE VAME STREET ADDRESS SITY-ST-ZIP STREET ADDRESS SITY-ST-ZIP	Signature, typed or printed name of registered ap MANAGING MEN MGRM DIGNAM, MICHAEL F TRUSTE 1601 HENDRY STREET	FILE N Make Check Pa MBERS / MEMBERS Delete	TE Registered Agen IOW!!! FEE Byable to De 10. TITLE NAME STREET ADD CITY-ST-ZIF TITLE NAME STREET ADD CITY-ST-ZIP TITLE NAME STREET ADD CITY-ST-ZIP TITLE NAME STREET ADDR STREET ADDR	IS \$50.00 separtment of State	nstating)	ADDITIONS/C	DATE HANGES 011 00 **	□ Change □ Change □ 13-01 *****50	Addition Addition Addition
9. ITTLE HAME STREET ADDRESS SITY-ST-ZIP STREET ADDRESS SITY-ST-ZIP STREET ADDRESS SITY-ST-ZIP STREET ADDRESS SITY-ST-ZIP STREET ADDRESS STY-ST-ZIP STREET ADDRESS STY-ST-ZIP STREET ADDRESS STY-ST-ZIP STREET ADDRESS	Signature, typed or printed name of registered ap MANAGING MEN MGRM DIGNAM, MICHAEL F TRUSTE 1601 HENDRY STREET	FILE N Make Check Pa MBERS/MEMBERS Delete Delete	TE: Registered Agen IOW!!! FEE Byable to De 10. TITLE NAME STREET ADD CITY-ST-ZIF TITLE NAME STREET ADD CITY-ST-ZIP TITLE NAME STREET ADD CITY-ST-ZIP TITLE NAME STREET ADD CITY-ST-ZIP TITLE NAME	ffice or registered age int signature required when re- ils \$50.00 epartment of Statu ORESS P RESS P	nstating)	ADDITIONS/C	DATE HANGES 011 00 **	☐ Change ☐ Change ☐ 13——01 ※※※\$50	Addition Addition Addition

Increby certify that the information supplied with this filling 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 repeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Michael F Digman, Trustee (941) 337-7888 SIGNATURE: