Daytime Phone #

	MENT # 1 00			AND FILED
1. Entity Nam	ne	000006820		00 JUN 12 AM 11: 27
LIONARO	OUND HOLDINGS, LLC			
Principal Plac	ce of Business	Mailing Address	.+3	SECRETARY OF STATE TALLAHASSEE, FLORIDA
•	MAGNOLIA STREET	212 SOUTH MAGNOLIA TAMPA FL 33606-2236	STREET 3	
2. Principal P	Place of Business	3. Mailing Address		I JEDIJEJI DIB IDITE JOJIK DOJIK BOJIK DOJIK DOJIK BOJIK BOJIC BIJOK JOJIK JOJIK JOJIK JOJIK J
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & Stat	te	City & State		4. FEI Number Applied For Not Applica
Zip	Country	Zip	Country	5. Certificate of Status Desired Sound Sound See Required
	6. Name and Address of Cu	rrent Registered Agent		7. Name and Address of New Registered Agent
			- Name	
	& Utrera, P.A. Eria avenue		Street A	Address (P.O. Box Number is Not Acceptable)
	ABLES FL 33134			
			City	Zip Code
	e named entity submits this statem	d agent and title if applicable. (NO	E: Registered Agent signa	or registered agent, or both, in the State of Florida. Butter required when reinstating) DATE
		d agent and title if applicable. (NO		or registered agent, or both, in the State of Florida. DATE \$50.00
SIGNATURE .	Signature, typed or printed name of registered MANAGING M	d agent and title if applicable. (NO FILE N Make Check Possible Po	OW!!! FEE IS : ayable to Depart	por registered agent, or both, in the State of Florida. DATE \$50.00 timent of State ADDITIONS/CHANGES
SIGNATURE .	Signature, typed or printed name of registered	agent and title if applicable. (NO FILE N Make Check Page 1997)	CE: Registered Agent signal OW!!! FEE IS sayable to Depart	or registered agent, or both, in the State of Florida. DATE \$50.00 tment of State
9. IITLE NAME	MANAGING M STROM, MARK N 212 SOUTH MAGNOLIA STR	agent and title if applicable. (NO FILE N Make Check Parents MEMBERS/MEMBERS	OW!!! FEE IS : ayable to Depart 10. TITLE NAME STREET ADDRESS	pr registered agent, or both, in the State of Florida. DATE \$50.00 timent of State ADDITIONS/CHANGES
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