

0027899 AF

FILED

01 APR 26 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address
C/O SWISS LINK
P.O. BOX 320013
COCOA BEACH FL 32933-0013

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Zip

Country

4. FEI Number 59-3621311

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

JEAN-PIERRE, CHRISTEN
1716 LEE JANSEN DRIVE
KISSIMMEE FL 34744

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.

SIGNATURE CHRISTEN Jean-Pierre W. Willsen 4-18-01
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9.	MANAGING MEMBERS / MEMBERS
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10. ADDITIONS/CHANGES

TITLE	MGRM	☐ Delete
NAME	CHRISTEN, JEAN-PIERRE	
STREET ADDRESS	P.O. BOX 320013	
CITY - ST - ZIP	COCOA BEACH FL 32932-0013	

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Delete
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NAME	
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CITY-ST-ZIP	

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

☐ Change ☐ Addition
 TITLE
 NAME 500004194615--8
 STREET ADDRESS -05/10/01--01138--007
 CITY-ST-ZIP *****50.00 *****50.00

TITLE	☒ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Change	☐ Addition
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TITLE	☐ Change	☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☒ Change	☐ 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: CHRISTINE E. NEWMAN *Christine E. Newman* 4-18-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)