	JOILII OILIN DOO	INECO INEL (7111	(0011)	_				:
DOCUMENT # L9900007297 1. Entity Name						FILED SECRETARY OF STATE ISION OF CORPORATIONS			
KATZ GROUP, L.L.C.									
Principal Place of Business Mailing Address) JUL 19 PM 1:25			
1520 NORTH JOHN YOUNG PARKWAY KISSIMMEE FL 34741 KISSIMMEE FL 34741 KISSIMMEE FL 34741				WAY		nf			
						- 1 (188) (189) - 18 00 - 1800 - 1	OORIGEROOF IN STR		
2. Principal Place of Business 3. Mailing Address					_				
Suite, Apt,	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Stat	te .	City & State			4. FEII	4. FEI Number Applied For Not Applicable			
Zip Country		Zìp	Zìp Count		5. Cert	5. Certificate of Status Desired S5.00 Additional Fee Required			
	6. Name and Address of Current	Registered Agent	1		7. Nam	ne and Address of New Registered		90	
	·			Name		· · · · · · · · · · · · · · · · · · ·			
LUND, CARLEEN C				Street Address (P.O. Box Number is Not Acceptable)					
1520 NORTH JOHN YOUNG PARKWAY KISSIMMEE FL 34741									
MINISOLM	EE FE 34/41			City		FL	Zip Cod	ie	
8. The above named entity submits this statement for the purpose of changing its regist				,			•		
8. The above	named entity submits this statement for	the purpose of changing it	s registere	ed office or regist	tered agent,	or both, in the State of Florida.			
SIGNATURE .	Signature, typed or printed name of registered agent a	ad title if applicable (AIC)	TE: Dogietora	d Agent signature requi	rad when rejected	ting) DATE			
	Signature, typed or printed hairs or registered agent a	•				T DAIC			
		FILE N Make Check P		FEE IS \$50.00 • Department				1	
		Muno Oricon I	ayabic i						
9.	MANAGING MEMBEI		10.	· · · · · · · · · · · · · · · · · · ·		ADDITIONS/CHANGES		☐ Addition	6
TITLE NAME	MGR LUND, NORMAN W	☐ Delete	TITLE	· · · · · · · · · · · · · · · · · · ·			Change	_	72E083 (5/00)
STREET ADDRESS	1520 NORTH BERMUDA AVENUE			ET ADDRESS		7000 03335 07/25/000)1060	022	8
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NAME	MGR LUND, CARLEEN C	C Delete	NAMI	ŀ		•	C) Criange	C Addition	Ü
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CITY-\$T-ZIP		☐ Delete	TITLE	-ST-ZIP			☐ Change	☐ Addition	
NAME		L Delete	NAME	4			TT CHAIRS		
STREET ADDRESS		<i>i //</i>		ET ADDRESS					
11. I hereby o	pertify that the information supplied with	this filing foes not qualify to		ST-ZIP	Section 119	07(3)(i) Florida Statutes I further cer	tify that the i	nformation	
indicated limited lia	on this report is true and accurate and ibility company or the receiver or trustee	that my signature shall have empowered to execute this	the same report as	legal effect as it required by Cha	made unde apter 608, Flo	r oath; that I am a managing member orida Statutes.	or manage	er of the	
SIGNAT	URE SIGNA	THE RECU	arl	en O.	Lini	17/1/200			
JIGNAI	Unc	TED NAME OF SIGNING MANAGING	MEMBER O	M MANAGER	~~~~	/Oate 0	laytime Phone #		