941-597-8400 Daytime Phone #

2000	UNIFORM BUS	SINESS REPO	ORT (UBR)	APPRU AN — FILE	D	0009073
DOCUMENT # L9900007881						73
1. Entity Nam	ne ,		,	00 MAY - 1	MII: 39	₽
LDG GO-174, LLC			,	SECRETARY TALLAHASSE	OF STATE E. FLORIDA	
Principal Place	e of Business	Mailing Address		1000		
2154 TRADE CENTER WAY SUITE 3 2154 TRADE CENTE		C/O LANDMARK DEVELO 2154 TRADE CENTER W NAPLES FL 34109-2036				
2. Principal Place of Business 3		3. Mailing Address	-		\$	ļ
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WR	ITE IN THIS SPACE	
City & State		City & State		4. FEI Number 65-0972769	Applied For Not Applica	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New	Registered Agent	\dashv
CLASP, INC.			Street Addres	s (P.O. Box Number is Not Acceptab	 e	
C/O CUMMINGS & LOCKWOOD 3001 TAMIAMI TRAIL NORTH 4TH FLOOR						
NAPLES FL 34103		City	<u> </u>	FL Zip Code	_	
8. The above	named entity submits this statement f	or the purpose of changing it	s registered office or regis	stered agent, or both, in the State of F	lorida.	
SIGNATURE .				·		
Oldivirone 1	Signature, typed or printed name of registered agen	<u> </u>	TE: Registered Agent signature requ		DATE	\dashv
			IOW!!! FEE IS \$50.0 ayable to Department	1		
9.	MANAGING MEM	BERS/MEMBERS	10.	ADDITIONS	CHANGES	
TITLE HAME STREET ADDRESS	1 2 10 1 10 10 2 0 2 11 11 11 11 11 11 11 11 11 11 11 11 1		TITLE NAME STREET ADDRESS CITY- ST- ZIP	300032592237 -05/19/0001074006		SE S
CITY- 8T- ZIP TITLE	NAPLES FL 34109	Delete	TITLE		<u>(50,00 *****50,00</u> ! □ Change □ AddII	
NAME STREET ADDRESS CITY-ST-ZIP		_ v.apu	NAME STREET ADDRESS CITY-ST-ZIP			
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CITY-8T-ZIP			COTY-ST-ZIP			
TAILE MANE STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addin	ion
CUTY-ST-ZIP TITLE		Deists	CITY-ST-ZIP TITLE	<u></u>	Change Addit	ien
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-8T-ZIP		1 	
TITLE		☐ Octob	TITLE		☐ Change ,☐ Addit	ion
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY- 87-ZIP	, v		
11. I hereby of indicated limited liai	pertify that the information supplied with on this report is true and accurate and billity company or the receiver or trust hur A. Shafran, Mana	d that my signature shall have se empowered to execute this	or the exemption stated in the same legal effect as seport as required by Cha	if made under oath; that I am a mana apter 608, Florida Statutes.	I further certify that the information iging member or manager of the	1

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER