2000	UNIFORM BUS	INESS REPO	RT (UBR)		. A
DOCUMENT # L99000008010 1. Entity Name FERRO DEVELOPMENT, LLC				FILED	W/6/15
				00 JUN 15 AM 11 50	
9921 W 126-A	we of Business West Okeechobee Ro ah, FL 33016	Mailing Address 1. 9921 W. Ol 126-A Hialeah,	keechobee R FL 33016	SECNETARY OF STAT TALLAHASSEE FLORI	DA
2. Principal P	Place of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 65–1006709	Applied For Not Applicable
Zip	Country	Zip	Country		\$5.00 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Regist	ered Agent
126-A				s (P.O. Box Number is Not Acceptable)	
Hialeah, FL 33016			City		FL Zip Code
8. The above	named entity submits this statement for	r the purpose of changing its	registered office or regist	tered agent, or both, in the State of Florida.	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signature requi	red when reinstating)	DATE
	MANAGING MEMB	Make Check Pa	DWIIL FEE IS \$50.00 yable to Department	of State	NIGES
9. TITLE	MANAGING WEND	Delete		ANAGER	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS 9	ERRO DEVELOPMENT CO 921 W. Okeechobee R ialeah, FL 33016	
TITLE NAME		☐ Delete	TITLE NAME	1	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		1
TITLE NAME - STREET ADDRESS O'T' ST ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3000032 -06/20/0 *****55	SBD33-3 001095001 .00/*****55.00
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	,	☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
NAME STREET ADDRESS TO ST. ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7	☐ Change ☐ Addition
indicated	on this report is true and accurate and billty company or the receiver or truster FERRO D	that my signature shall have t	he same legal effect as it eport as required by Cha	Section 119.07(3)(i), Florida Statutes. I furth f made under oath; that I am a managing mapter 608, Florida Statutes.	er certify that the information nember or manager of the
- · - · · · · ·		NTED NAME OF SIGNING MANAGING N	MEMBER OR MANAGER	Date	Daytime Phone #