2000	UNIFORM BUS	SINESS REPO	RT (UBI	R)			
DOCUI	MENT # L990	00008599	48 建	•	gr dive		
•	OUP LAPLAYA, LLC	-	*/	, 	FILED	_	0-
Principal Place	e of Business	Mailing Address		00	DEC -4 PH 12:	15	1
9891 GULF SI NAPLES FL 32	HORE DRIVE	9891 GULF SHORE DRIVI NAPLES FL 32301	E	SEC	RETARY OF STAT LAHASSEE, FLOR	E DA	()
2. Principal P	lace of Business	3. Mailing Address 570 KIRKLA	NAW OL		1 110 11 1 011 0111 1 0 111 10111 00111 0011		0 10 110 1011 1001
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPACE	
City & State	е	City & State KIRKLAND	, WA	4. FEI N	umber -2015222		pplied For ot Applicable
Zip	- Country	^{Zip} 98033	Country	5. Certifi	cate of Status Desired	\$5.00 Ad Fee Require	
	6. Name and Address of Currer	nt Registered Agent	Name	7. Name	and Address of New Re	gistered Agent	
CORPOR/	ATION SERVICE COMPANY			Street Address (P.O. Box Number is Not Acceptable)			
	'S STREET						
TALLAHA	SSEE FL 32301-2525		City	-12/13/0001055008 			
	named entity submits this statement						
		ter the nurneed of changing its				ua.	I.
8. The above	named entity submits this statement	not the barbose of changing its	registered office of	r registered agent, d	is both, in the state of their		
8. The above				r registered agent, d		DATE	<u>.</u>
	Signature, typed or printed name of registered age	ent and title if applicable. (NOTI	E: Registered Agent signat	ture required when reinstation			
		ent and title if applicable. (NOTI	E: Registered Agent signat	ture required when reinstation			
SIGNATURE .	Signature, typed or printed name of registered age	ent and title it applicable. (NOTI	E: Registered Agent signat	ture required when reinstation		DATE	
	Signature, typed or printed name of registered age MANAGING MEME MANAGING MEME MANAGING MEMERALAMENTAMENTALAMENTALAMENTAMENTALAMENTALAMENTALAMENTALAMENTALAMENTALAMENTAMENTAMENTAMENTALAMENTAMENTAMENTAMENTAMENTAMENTAMENTAMENT	FILE NI Make Check Pa	E: Registered Agent signat OW!!! FEE IS \$ yable to Depart 10.	550.00 ment of State	ADDITIONS/C	DATE	Addition
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