1. Entity Nar	IMENT # ne RO, LLC	,000 ;		DIVISI OO FE	PILED CRETARY OF OH.OF CORPE B 29 PH1	STATE PRATIONS 2: OR
Principal Pla	ce of Business	Mailing Address				00
	• • • • •	-				
2 Principal	Place of Business	3. Mailing Address	_ .			
8120 ATLANTIC BLVD SAME Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & Sta		City & State				Applied For
	SONVILLE , FL.	City & State		4. FEI Number 59-3620087		Not Applicable
^{Zip} 322	Country USA 6. Name and Address of Current I	Zip	Country	Certificate of Status Desired Name and Address of New Re	Fee Re	Additional equired
- WIE	IAM E. DOYLE	()	Name	7. Halle and Address of New Ne	yisteleu Ayelit	
2002	SOUTHSIDE BLUD.	i I	Street Addres	ss (P.O. Box Number is Not Acceptable)		
SUITE		1				
3,1410	ONVILLE, FZ 322/6	į	City		FL Zip	Code
		 ;				
The above	e named entity submits this statement for	the purpose of changing its	registered office or regis	stered agent, or both, in the State of Flori	da.	
	e named entity submits this statement for	the purpose of changing its	registered office or regis	stered agent, or both, in the State of Flori	da.	
8. The above	e named entity submits this statement for Signature, typed or printed name of registered agent a		registered office or regis		da. DATE	
	, 	nd title if applicable. (NOTE		uired when reinstating)		·
	, 	nd title if applicable. (NOTE FILE NO Make Check Pay	Registered Agent signature requ	uired when reinstating)	DATE	
SIGNATURE 9.	Signature, typed or printed name of registered agent a MANAGING MEMBE MANAGING MEMBE	FILE NO Make Check Pay RS/MEMBERS BER Delete	Registered Agent signature requirements WITH FEE IS \$50.0 /able to Department 10. TITLE	ired when reinstating) 10 t of State ADDITIONS/C	DATE LOO CHANGES	-
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