
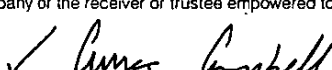


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**Apr 18, 2005 8:00 am**  
**Secretary of State**

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<b>DOCUMENT # M04000004842</b>				04-18-2005 90081 020 ****50.00	
1. Entity Name ARMIGER CAPITAL, LLC					
Principal Place of Business 115 SUNSET DRIVE NOKOMIS, FL 34275		Mailing Address 115 SUNSET DRIVE NOKOMIS, FL 34275			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
CAMPBELL, CURRAN 115 SUNSET DRIVE NOKOMIS, FL 34275		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			TITLE NAME STREET ADDRESS CITY- ST- ZIP		
MGR CAMPBELL, CURRAN 115 SUNSET DRIVE NOKOMIS, FL 34275					
Delete			Change Addition		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Date: April 19, 2005 Phone: 941-444-5783		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					