

FILED
May 25, 2006 8:00 am
Secretary of State

DOCUMENT # M05000000114

Mailing Address
1500 WEST CYPRESS CREEK ROAD, SUITE 409
FORT LAUDERDALE, FL 33309

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Country

4. FEI Number
52-2684040

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code	
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SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating.)

DATE _____

**Make check payable to
Florida Department of State**

ADDITIONS/CHANGES

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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____