FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE



	Secretary of State DIVISION OF CORPORATIONS				P PM 2: 12	
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address DOCLINE ENT. #				SECRETARY OF STATE TALLAHASSEE. FLORIDA		
OCUMENT	#м9500000	0300				
B.M.L., LLC				1a. Principal Place of Business Address		
215 WEST NEW ROAD SUITE 200			215 WEST NEW ROAD			
GREENFIELD IN 46140				GREENFIELD IN 46140		
		rrection in Block 2a.	9 Date Organ	sizad or Qualified Se S	tate of Formation	
Za. Walii	za. Malling Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.			4. FEI Number Applied For			
City & State City & State			<u> </u>			
			[[[[[[[[[[[[[[[[[[[
Zip	Coun	1ry	1		Additional Fee Brigored	
of Current Registered	Agent	Ţ			d Agent	
WINTER HAVEN FI. 33881. Suifie, A City 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-name its registered office or registered agent, or both, in the State of Florida. Such change was authorized as registered agent, and accept the obligations. SIGNATURE Registered Agent Accepting Appointment (NOTE: Registered Agent signature required with the state of Florida statutes, the above-name its registered agent, and accept the obligations.			####20319573-5, -05/21/9701058015 ####2032prode ####203.75 FL d limited liability company submits this statement for the purpose of changing affirmative vote of a majority of the members. I hereby accept the appointment			
	4.5				······································	
LYNN 2	15 W. NEW	ROAD, ST	TE. 200	GREENFIELD	IN	
MAX 2	15 W. NEW	ROAD, ST	TE. 200	CREENFIELD	IN	
AKE 1	9725 STAT	E ROAD 62	2	PARRISH FL	į	
					JEGO AN	
	Ayable To: FLORI COCUMENT DAD 46140 ay, line through incorrect 2a. Mallin Suite, Apt City & Ste Zip of Current Registered CLE N.E. 881. s 608.416 and 608.508, both, in the State of Floringations. cont Accepting Appointment) (N s/Managers LYNN MAX AKE 1	DIVISION OF CORD DOT \$100.00 + \$103.75 Corporation Supplems ayable To: FLORIDA DEPARTMEN DOCUMENT #M95000000 DAD 46140 ay, line through incorrect information and enter co 2a. Malling Address Suite, Apt. #, etc. City & State Zip Coun of Current Registered Agent CLE N.E. 8 608.416 and 608.508, Florida Statutes, the arboth, in the State of Florida. Such change was a pations. DIVISION OF CORD #M95000000 CAD ACCEPTING Appointment (NOTE Registered Agent signature) ##M9500000000000000000000000000000000000	DIVISION OF CORPORATIONS port \$100.00 + \$103.75 Corporation Supplemental Fee ayable To: FLORIDA DEPARTMENT OF STATE POCUMENT #M95000000300 DAD 46140 ay. line through incorrect information and enter correction in Block 2a. 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country of Current Registered Agent Name CLE N.E. Street Address Suife, Apt. #, etc. City s 608.416 and 608.508, Florida Statutes, the above-named limite both, in the State of Florida. Such change was authorized by affirm pations. and Accepting Appointment) [NOTE: Registered Agent signature required were reinstate s/Managers Business Street Address LYNN 215 W. NEW ROAD, S7 MAX 215 W. NEW ROAD, S7 AKE 19725 STATE ROAD 62	DIVISION OF CORPORATIONS port \$100.00 + \$103.76 Corporation Supplemental Fee ayable To: FLORIDA DEPARTMENT OF STATE DOCUMENT #M95000000300 1s. Principal 1 21.5 WES SUITE 2 GREENFT. 28. Mailing Address 29. Mailing Address 20. City & State 20. Country 20. City & State 20. Country 21. Date Of Let 22. Determine the correction of Block 2a. 20. City & State 21. Date of Let 22. Determine the country 22. Suite, Apt. #, etc. 23. Date Organ 24. FEI Number 25. Date of Let 26. Date of Let 27. Determine the country 27. Street Address (P.O. Box Number 28. Suite, Apt. #, etc. 29. Suite, Apt. #, etc. 20. City 20. Seco. 416 and 608.506, Florida Statutes, the above-named limited liability companions, in the State of Florida. Such change was authorized by affirmative vote of a majustions. 21. Suite, Apt. #, etc. 22. Suite, Apt. #, etc. 23. Date Organ 24. FEI Number 25. Suite, Apt. #, etc. 36. Date of Let 36. Date of Let 37. Date Organ 38. Suite, Apt. #, etc. 39. Suite, Apt. #, etc. 30. Date Organ 30. Date Organ 4. FEI Number 50. Date of Let 50. Date Organ 60. Date Organ	DOTE \$100.00 + \$103.75 Corporation Bupplemental Fee ayable To: FLORIDA DEPARTMENT OF STATE OCUMENT #M95000000300 1a. Principal Place of Business Address DAD 215 WEST NEW ROAD SUITE 200 GREENFIELD IN 46140 ay. tine through incorrect information and enter correction in Block 2a. 2a. Mailing Address Suite, Apt. #, etc. City & State 35-1961510 5. Date of Last Report CULTEN N. E. Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box	

indicated on this annual 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, Fiorida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNAT	URE
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SIGNATURE AND THEO OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER