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1 13				Mailing Address 340 N US Hwy I Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State				ive State Jupiter F			4. FEI Number 65-0710741			Applied For Not Applicable				
Zip	Co	Country Zip		<u>,</u> 3469—	Cou	ntry			cate of Stat			Fee	00 Addi Required	
6. Name and Address of Current Registered Agent SZYSZKO, DANIEL 515 NORTH FLAGLER DRIVE, SUITE 702 WEST PALM BEACH FL 33401						130 city (	7. Name and Address of New Registered Agent  ddress (P.O. Box Number is Not Acceptable)  40 N VS Hwy   Ste 102-  Jupiter FL Zincade Zincade							02_ 469.
SIGNATURE _	named entity sub Signature, typed or prin	nd title if applicab	pplicable. (NOTE: Registered Agent signature required  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of Due By September 26, 2001				when reinstatin		e State of		DATE			
9. MANAGING MEMBERS/MAI				GERS 10.						ADDITION	IS/CHAN	NGES		
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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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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RE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MI

INIC MEDUINEDINE DZYSZKI INING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 7 I

561-748-2088 Daytime Phone #