APPROVED

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		4. FEI	Number	54-1	787569			_+	plied For Applica	
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Name	*	7. Nar	ne and A	ddress	of New Re	gistered A	gent			
Street A	ddress (P.O. Box	Number i	s Not Ad	cceptable)			_		_
City						FL	Zip	Code)	
office or	register	ed agent	, or both,	in the St	ate of Flori	ida.				
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11. I hereby certify that the information supplied with this filling 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 eceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER