

УУСУР552 АБ

FILED

01 APR -9 AM 7:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address

409 BROADWAY SUITE B
PADUCAH KY 42001

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Zip

Country

Applied For	
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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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

300004009103--2
-04/16/01--01002--023
*****50.00 *****50.00

10.

ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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[illegible]

STREET ADDRESS

CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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[illegible]

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone #

CR2E083 (11/00)