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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3 indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal efference of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statu	LDA ROSSO RD.	Change	Addition	
Changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OF PHINTED NAME OF SIGNING OFFICER OF DIRECTOR	(3)(i), Florida Statutes. I furt ffect as if made under oath;	n; that I am an office opears in Block 10 (ar or director or Block 11 if 379–0003	