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1. Entity Na	ame	" F 9000 ERVICES OF FLO	N -			-	an a	ED	
							02 DEC 26	PM 1c 25	
Principal Place of Business 10201 N PORT WASHINGTON MEQUON WI 53092		Mailing Address 10201 N PORT WASHINGTON MEOUON WI 53092			A	SE SEE IAN TALLAHASE		A	
2. Principal	Place of Busin	ess	3. Mailing Address	<u> </u>					
Suite, Ap			Suite, Apt. #, etc.			SEIN	STATEN	ACAIT	$2 \sim 2$
City & Sta			City & State	1	Parkway	4. FEI Number			
Meq uc		Country	Neguon_				39-1936987		Not Applicable
530		and Address of Current F	5309 2			5. Certificate of	¥	<b>\$8.75</b> A Fee Requi	
0 7 005				N	lame	7. Name and A	ddress of New Regi	stered Agent	
	Reoration S 1000 UTH PINE ISI			SI	treet Address (P	.0. Box Number	is Not Acceptable)		
	10N-FL-3332							·····	
				1	lity	<u> </u>		FL Zip Co	
. The above the obliga	e named entity attions of register	submits this statement for red agent.	the purpose of changing i	ts registered of	ffice or registered	Bordonar	in the State of Florida	. I am familiar with	n, and accept
GNATURE		na			Assistant	Secretar	y y		
			2						
	Signature, typed or	printed name of registered agentan		DTE: Registered Ager	nt signature required w			DATE	
Tax filing ( See crite)	Signature, typed or oration is eligib	le to satisfy its Intangible d elects to do so.	FILE NOW After September 1 Make Check Paya	TE: Registered Ager	nt signature required wi \$550.00 will be \$750.00	hen reinstating) 10. Electi	on Campaign Financi Fund Contribution.	ing <b> \$5.</b> 0	<b>00</b> May Be ed to Fees
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