DOCUMENT # 19900 Entity Name Kim Stephens,	n /	P	Jul 07, 2 Secret	ILED 2000 8:00 a ary of State
Principal Place of Business	Mailing Address			90004 011 ***150.00
	Same	_		
444 Darling Dr.		•	:	
Venice, FL 34289	> 	· · · · · · · · · · · · · · · · · · ·		
Principal Place of Business Trail	3. Mailing Address	ng Dr		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	d	DO NOT WRITE IN	THIS SPACE
City & State	City & State	<u> </u>	4. FEI Number	Applied For
Venice, FL	Venice,	Country	65-0865189	Not Applicable \$8.75 Additional
34285 USA	34285	USA		Fee Required
6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Regis	tered Agent
Kim Stephens	•	Street Addres	s (P.O. Box Number is Not Acceptable)	
444 Darling Dr		***		<u> </u>
Venice FL 31	1285	City		FL Zip Code
. The above named entity submits this statement to			tered agent, or both, in the State of Florida.	
		1 1	2014	\$130100
IGNATURE Honeure, typed or printed home of registered agent	and bite if applicable. (NOTI	TEDNENS E: Registifed Agent signature requ	Troblatus ired when reinstating)	DATE
I. This corporation is eligible to satisfy its intangible		IN FEE IS \$150.00	THE MESSAGE	
Tax filling requirement and elects to do so. (See criteria on back)	Make Check Payab	00 Fee will be \$550.0 lie to Department of S	tate	Added to Fees
(See criteria on back) OFFICERS AND	Make Check Payab DIRECTORS	00 Fee will be \$550.0 lie to Department of S	Truet Fund Contribution	Added to Fees
(See criteria on back) 1. OFFICERS AND THE President KIM Stephens	Make Check Payab	00 Fee will be \$550.0 lie to Department of S 12. TITLE NAME	Trust Fund Contribution.	Added to Fees
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