STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

NOTE – This form must be submitted as part of an application packet

Please provide information on the partners, managers, officers, or directors for your business entity below.

ORGANIZATION NAME									
Name of Organization									
D/B/A or Trade Name									
	D LIABILITY COR								
If your corporation is a limited liabi managed? You can check your Ar Member Managed Manager N	lity corporation (LL ticles of Incorporat Managed □	₋C), is th tion for th	ne corpora	ition mem ation.	ber mana	ged or manager			
Please list below all Officers, Directors, Managers, and/or Shareholders with 10% or more interest in the business:									
MANAGEMENT INFORMATION									
Last Name	First		Middle	Э	Title	Suffix			
Office Held	Percentage of O			Active Non-Act	ive 🗆				
	RESIDENC	E ADDR	ESS						
Street Address or P.O. Box									
City			State		Zip Code	e (+4 optional)			
County (if Florida address)		Country	У						
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Last Name	First		Middle	Э	Title	Suffix			
Office Held	Percentage of Ownership		Active						
0, , , , , , ,	RESIDENC	E ADDR	ESS						
Street Address or P.O. Box									
City			State		Zip Code	e (+4 optional)			
County (if Florida address)		Country	У						

MANAGEMENT INFORMATION									
Last Name	First	Middle		Title	Suffix				
Office Held	Percentage of O	wnership	Active Non-Acti	ive 📮					
	RESIDENC	E ADDRESS		-					
Street Address or P.O. Box									
City		State		Zip Code	(+4 optional)				
County (if Florida address)		Country							
	MANAGEMENT	INFORMATION							
Last Name	First	Middle		Title	Suffix				
Office Held	Percentage of O	wnership	Active Non-Acti	ive 🗆					
	RESIDENC	E ADDRESS	14011 71011						
Street Address or P.O. Box									
City		State		Zip Code	(+4 optional)				
County (if Florida address)		Country							
	MANAGEMENT	INFORMATION							
Last Name	MANAGEMENT First	INFORMATION Middle		Title	Suffix				
Last Name Office Held		Middle	Active Non-Acti		Suffix				
Office Held	First Percentage of O	Middle	Active		Suffix				
	First Percentage of O	Middle wnership	Active		Suffix				
Office Held	First Percentage of O	Middle wnership	Active		Suffix				
Office Held	First Percentage of O	Middle wnership	Active	ive 🚨	Suffix (+4 optional)				
Office Held Street Address or P.O. Box	First Percentage of O	Middle wnership E ADDRESS	Active	ive 🚨					
Office Held Street Address or P.O. Box City	First Percentage of O	Middle wnership E ADDRESS State	Active	ive 🚨					
Office Held Street Address or P.O. Box City County (if Florida address)	First Percentage of O RESIDENCI	Middle wnership E ADDRESS State Country	Active Non-Acti	ive Zip Code	(+4 optional)				
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Office Held Street Address or P.O. Box City County (if Florida address) Last Name Office Held	First Percentage of O RESIDENCI MANAGEMENT First Percentage of O	Middle wnership E ADDRESS State Country INFORMATION Middle wnership	Active Non-Acti	Zip Code Title	(+4 optional)				

Attach additional sheets as necessary