No. W 5099	Due no later than Dec 31, 20)2 2. Re	egistered Agent a	and Office NO PO BO
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SECRETARY OF STATE	 Mailing Address - Correct in this box, if appli 	0000	W STATE S	
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4. Elimited Elability Compa	nies: Enter Names and Addresses of Mana	igers.		
Office held Name	Street or P.O. Address	City	State	Zip
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