LIMITED LIABILITY COMPANY

4/28/2

FILED May 19, 2003 8:00 am Secretary of State

04-28-2003 91002 044 ****50.00

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000032997 1. Entity Name 139 TOLEDO BLADE/PRICE, LLC DO NOT WRITE IN THIS SPACE 44001877 2. Principal Place of Business 3. Malling Address 2911 N E Pine Island Rd 2911 NE Pine Island Rd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For FEI Number Cape Coral, Not Applicable Cape Coral Country \$5.00 Additional Zip 5. Certificate of Status Desired 33909 33909 USA USA Fee Required 7. Name and Address of Current Registered Agent Name DO NOT WRITE Fullenkamp Dennis Street Address (P.O. Box Number is Not Acceptable). IN THIS SPACE 2911 NE Pine Island Rd Cape Coral the glurpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent 23-2003 SIGNATURE lake Check Payeble to Florida Department of State DUE BY MAY 9. MANAGING MEMBERS/MANAGERS TITLE MGR MANE NAME Dennis J. Fullenkamp 2911 NE Pine Island Rd STREET ADDRESS STREET ADDRESS CITY-ST-ZIF Cape Coral, Fl 33909 TITLE NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIF TITLE (1000) TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOISWRITE CITY-ST-7/P TITLE πιE∗. IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE mir 🗼 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.