05-01-2003 90275 010 ****50.00
L03000003712

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
03 MAY 16 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000003712

1. Entity Name: Cory Liffrig LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9210 Highland Ridge Way	9210 Highland Ridge Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa Florida	City & State: Tampa Florida
Zip: 33647 Country: Hillsborough	Zip: 33647 Country: Hillsborough

DO NOT WRITE IN THIS SPACE

4. FEI Number: 33-1049857 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Leslie A Burke
Street Address (P.O. Box Number is Not Acceptable): 9210 Highland Ridge Way
City: Tampa FL Zip Code: 33647

8. The above named entity submits this statement for the purpose 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.

SIGNATURE ______________________ DATE ______
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	Cory J Liffrig
STREET ADDRESS	9210 Highland Ridge Way
CITY-ST-ZIP	Tampa, FL 33647
TITLE	MGRM
NAME	Leslie A Burke
STREET ADDRESS	9210 Highland Ridge Way
CITY-ST-ZIP	Tampa, FL 33647
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] Leslie A. Burke 4/26/03 813-994-7408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #