May 07, 2003 8:00 am Secretary of State

05-07-2003 90044 022 ****55.00

2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L95000000234

BLACK DIAMOND ADMINISTRATIVE SERVICES, L.C.

Principal Place of Business Mailing Address 1301 E. ATLANTIC BLVD. 1301 E. ATLANTIC BLVD. POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES -City & State _____ City & State Applied For 4. FEI Number 65-0574527 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUMORE, C. ANTHONY ESQ. Street Address (P.O. Box Number is Not Acceptable) 540 E. MCNAB ROAD, SUITE C POMPANO BEACH FL 33060 City Zip Code 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. 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Addition MGR TITLE ☐ Delete TITLE Change NAME FREDOT, INC. NAME STREET ADDRESS 1301 E. ATLANTIC BLVD STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP POMPANO BEACH FL 33060 MGR TITLE Delete TITLE Change Addition NAME NAME LORJA, INC. STREET ADDRESS STREET ADDRESS 1301 E. ATLANTIC BLVD CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33060 Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition

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 vate 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. indicated on this report is true and ac timited liability company or the recei

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF

Daytime Phone #