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2002 UNIFORM BUSINESS REPORT (UBR)

Jan 22, 2002 8:00 am DOCUMENT # L98000002274 Secretary of State 1. Entity Name 01-22-2002 90098 013 ****50.00 **DESILVA REPORTING L.L.C.** Principal Place of Business Mailing Address 1216 N.E. OCEANVIEW CIRCLE 1216 N.E. OCEANVIEW CIRCLE JENSEN BEACH FL 34957 JENSEN BEACH FL 34957 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0868966 Not Applicable Zip Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DESILVA, DEBORAH M Street Address (P.O. Box Number is Not Acceptable) 1216 NE OCEANVIEW CIRCLE JENSEN BEACH FL 34957 Zip Code City FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) . FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. Addition MGRM Change TITLE TITLE ☐ Delete DESILVA, DEBORAH NAME NAME STREET ADDRESS STREET ADDRESS 1216 N.E. OCEANVIEW CIRCLE CITY-ST-ZIP CITY-ST-ZIP JENSEN BEACH FL 34957 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

TURE: WINDERSON POLES SON REDDEBORNEM. DE SILVA 1-14-02 SUI. 225.682

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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.