2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 1

SIGNATURE AND TYPED OR RRINTED

Jan 24, 2002 8:00 am Secretary of State DOCUMENT # L9900004222 1. Entity Name 01-24-2002 90353 048 ****50.00 GRASSHOPPER, LLC. Principal Place of Business Mailing Address 845 TROPICAL CIRCLE 845 TROPICAL CIRCLE **909753** SARASOTA FL 34242 SARASOTA FL 34242 2. Principal Place of Business 3. Mailing Address દે⊌ite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0957864 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PETERSON, RENNO L Street Address (P.O. Box Number is Not Acceptable) 2 N. TAMIAMI TRAIL, STE 606 ₽ SARASOTA FL 34236 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. 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 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LASCELLE, PHILIP M NAME STREET ADDRESS STREET ADDRESS 845 TROPICAL CIRCLE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Delete TITLE TITI F □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the region of the exemption stated in Section 119.07(3)(i), Florida Statutes.

OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED