## May 29, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L0100005987 04-22-2002 90226 024 \*\*\*\*50.00 1. Entity Name GERMAN HI TECH, LLC Principal Place of Business Mailing Address 121 OYSTER CATCHER COURT 121 OYSTER CATCHER COURT 86849 DAYTONA BEACH FL 32119 DAYTONA BEACH FL 32119 090 S. Nora Rd 3. Mailing Address Some Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For Not Applicable Ζiρ Country \$5.00 Additional 5. Certificate of Status Desired Fee:Required= Name and Address of Current Registered Agent Hame and Address of New Registered Agent. FRIEBIS, DANIEL S Street Address (P.O. Box Number is Not Acceptable) 3890 TURTLE CREEK DRIVE, SUITE B-1 PORT ORANGE FL 32127 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. 4-11-02 **SIGNATURE** DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE ☐ Delete TITI F (9/01) ☐ Change ☐ Addition NAME NAME STREET ADDRESS Suik AAOD STREET ADDRESS CR2E083 CITY-ST-ZIP CITY-ST-ZIP mle ☐ Delete IMF Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP \_ TITLE ☐ Delete ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ПΠЕ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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 ceth; 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 AND TYPED OF

Date

Daytime Phone #

NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

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