2003 LIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR) Sep 17, 2003 8:00 am Secretary of State DOCUMENT # **L0000000754** 1. Entity Name 09-17-2003 90011 043 ****50.00 MOJO RISIN', LLC Principal Place of Business Mailing Address 5741 BEE RIDGE ROAD, SUITE 470 5741 BEE RIDGE ROAD, SUITE 470 2012/528 SARASOTA FL 34233 SARASOTA FL 34233 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0975683 Applied For 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 NAPOLITANO, JOHN E Street Address (P.O. Box Number is Not Acceptable) 677 NORTH WASHINGTON BLVD., STE. 1-A SARASOTA FL 34236 City Zip Code 8. The above named entity submits this state right 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 a SIGNATURE Signature, typed or printe (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE Change ☐ Addition BENNETT, WILLIAM F NAME NAME STREET ADDRESS 5741 BEE RIDGE ROAD, SUITE 470 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34233 Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete_ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

OR AUTHORIZED REPRESENTATIVE