- 2004 LIMITED LIABILITY COMPANY

May 05, 2004 8:00 am Secretary of State **DOCUMENT # L00000001169** 05-05-2004 90002 001 ****50.00 VERÓ BEACH CITRUS, L.L.C. Principal Place of Business Mailing Address 24065383 601-U.S. HIGHWAY-#1 2410 15TH AVE. VERO BEACH, FL 32960 VERO-BEACH, FL- 32962-2. Principal Place of Business 3. Mailing Address 2410 15th Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. 02272004 CR2E083 (10/03) Chg-LLC City & State City & State 4. FEI Number Applied For Vero Beach 65-0980214 Not Applicable 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 Shork Brian D. Street Address (P.O. Box Number is Not Acceptable) STORK, BRIAN D 601 U.S. HIGHWAY #1 VERO BEACH, FL 32962 2410 15th Ave. Zip Code 3 2960 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES mGR TITI F Change TITLE ☐ Delete ☐ Addition Stork, Brian D. STORK, BRIAN D NAME NAME 1410 15 1 AR. STREET ADDRESS 601 U.S. HIGHWAY #1 STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32962 CITY-ST-ZIP Vero Bean FL 32960 TITLE ☐ Delete TITLE Change ☐ Addition NAME Perry, Michael D. STREET ADDRESS 2410 15 1 Ave. PERRY, MICHAEL D NAME STREET ADDRESS 601 U.S. HWY # 1 VERO BEACH, FL 32962 Vero Beach FL 32960 CITY-ST-ZIP ☐ Delete TITLE ☐ 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-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED

4/28/04 772-714-265