FILED May 20, 2003 8:00 am Secretary of State

2003 LIMI	ITED LIAB	ILITY C	:OMPANY
UNIFORM	BUSINES	S REPO	RT (UBR)

DOCUMENT # L0000002704 1. Entity Name R & B SHERLOCK, L.L.C.						05-20-200	03 90027 015	****50.0)O	
Principal Place of Business Mailing Address]					
8231 BAY COL C/O G. BURTT NAPLES FL 34	T HOLMES	8231 BAY COLONY DRIVE C/O G. BURTIT HOLMES NAPLES FL 34108	C/O G. BURTTT HOLMES		111111	Bil b il ballı 1814 b irk be lik	ariu saini adine hishi y	1 011 51 111 610 1 1	L SU	
Principal Place of Business 3. Mailing Address										
Suite, Apt,	Suite, Apt. #, etc. Suite, Apt. #, etc.					CHECK HERE	IF MAKING CHAN	GES		
City & Stat		City & State			4. FEI Num	ber APPLIED F	OR	Applied F		
Zip	Country	Zip	Zip Count		5. Certifica	te of Status Desired	☐ \$5.00 Fee Re	Additional quired		
	B. Name and Address of Current	Registered Agent		Name	7. Name ar	nd Address of New R	egistered Agent			
821	SON, GEORGE A 5TH AVENUE SOUTH LES FL 34102	agagaran da an	·		P.O. Box Num	ber is Not Acceptable				
				City	<u>.</u>		FL 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. I am familiar with, and accept the obligations of registered agent.								cept		
SIGNATURE.	Signature, typed or printed name of registered agent a	nd trie if applicable. (NOTE	. Registere	ed Agent signsture required	when reinstating)		DATE		-	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003										
9.	MANAGING MEMBEI		10,			ADDITIONS/			<u> —</u> ഒ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLMES, G. BURTT 8231 BAY COLONY DRIVE NAPLES FL 34108	☐ Dalete			•	•	☐ Cha	nge □ Ad	voring volume	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLMES, RUTH W 8231 BAY COLONY DRIVE NAPLES FL 34108	☐ Delete		- 1		1	☐ Cha	nge []Ad	dition	
TITLE NAME STREET ADDRESS CITY - ST-ZIP		Delete			* *** ** **	التيب دفق المناه المستريد بالداد	Cha	nge □ Ad	dition	
TITLE RAME STREET ADDRESS CITY-ST-ZIP		□ Delete		,	(☐ Cha	nge □ Adi	dition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate		I			☐ Char	ge 🗆 Add	lition	
11. I hereby certify that the information supplied with this filling 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: SIGNATURE: SIGNATURE AND FYPED OR PRINTED MAKE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Desprise Phone 9										