

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 22, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000003820**1. Entity Name
AUTOWARE TECHNOLOGIES, LLC

Principal Place of Business	Mailing Address
15878 LAGRANGE ROAD	15878 LAGRANGE ROAD
ORLAND PARK IL 60462	ORLAND PARK IL 60462

2. Principal Place of Business	3. Mailing Address
17226 PCB PARKWAY	17226 PCB PARKWAY

Suite, Apt. #, etc.	Suite, Apt. #, etc.
#580	#580

City & State	City & State
PANAMA CITY BEACH FL	PANAMA CITY BEACH FL

Zip	Country	Zip	Country
32413	US	32413	US

4. FEI Number	Applied For
59-3639346	Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KORSHAK STEPHEN D 2345 SAND LAKE ROAD, SUITE 120 ORLANDO FL 32809 US	Name Street Address (P.O. Box Number is Not Acceptable) City 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.

SIGNATURE _____ DATE **08/22/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAGNESS NAJLA MMS. 17226 PCB PARKWAY SUITE #580 PANAMA CITY BEACH FL 32413 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Najla Magness MGMR 08/22/2001

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

Date

Daytime Phone #

CR2E083 (11/00)