LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

06-25-2002 90436 004 ***200.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L0000000 5374

1. Entity Name: Rocky Oil, LLC

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 2001-2002

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 5272 Highway 87 S
Suite, Apt. #, etc.
City & State: Milton, FL
Zip: 32583
Country:

3. Mailing Address: 5272 Highway 87 S
Suite, Apt. #, etc.
City & State: Milton, FL
Zip: 32583
Country:

4. FEI Number: 58-2547890 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Ajay K. Jindal
Street Address (P.O. Box Number is Not Acceptable): 5272 Highway 87 S
City: Milton FL Zip Code: 32583

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: Ajay K. Jindal, Director [signature]
Signature, typed or printed name of registered agent and title if applicable.
DATE: 06-19-02

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	Managing Member	TITLE	
NAME	Harinder S. Singh	NAME	
STREET ADDRESS	5272 Highway 87 South	STREET ADDRESS	
CITY-ST-ZIP	Milton, FL 32583	CITY-ST-ZIP	
TITLE	Manager	TITLE	
NAME	Ajay K. Jindal	NAME	
STREET ADDRESS	5272 Highway 87 South	STREET ADDRESS	
CITY-ST-ZIP	Milton, FL 32583	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

M THOMAS 8/20

CR2E083B (12/01)

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #: (850) 626-7502