2002 UNIFORM BUSINESS REPORT (UBR)

May 22, 2002 8:00 am[§] Secretary of State DOCUMENT # L0000007596 1. Entity Name 05-22-2002 90254 032 ****50.00 TRAYLOR MINING GROUP, L.L.C. Principal Place of Business Mailing Address P.O. BOX 551260 10324 DEERWOOD CLUB ROAD 967569 JACKSONVILLE FL 32256 JACKSONVILLE FL 32255 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3654654 Not Applicable Country Zip Country \$5:00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHNEIDER, MICHAEL N Street Address (P.O. Box Number is Not Acceptable) 5150 BELFORT ROAD **BLDG 100** JACKSONVILLE FL 32256 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. Change ☐ Addition **MGRM** ☐ Delete TITLE NAME TRAYLOR, ROBERT STREET ADDRESS STREET ADDRESS 10324 DEERWOOD CLUB ROAD CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32256 Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZiP-☐ Change ☐ Addition TIT! F ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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: MANAGER, OR AUTHORIZED REPRESENTATIVE 1-30-82

Daytime Phone #

FILED