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FILED
Jun 10, 2002 8:00 am
Secretary of State
05-03-2002 90056 040 ****50.00

[redacted]

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007677

1. Entity Name
Sundew Mitigation Bank, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
550 Greensboro Ave		550 Greensboro Ave	
Suite, Apt. #, etc. 507		Suite, Apt. #, etc. 507	
City & State: Tuscaloosa AL		City & State: Tuscaloosa AL	
Zip: 35401	Country: USA	Zip: 35401	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 631260226 ☐ 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: Cliff Newton
Street Address (P.O. Box Number is Not Acceptable): 10192 San Jose Blvd.
City: Jacksonville **FL** Zip Code: 32257

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 ______
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Ernest Hale 550 Greensboro Ave #507 Tuscaloosa, AL 35401	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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: Ernest Hale 4/26/02 205-7527965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #