2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2002 8:00 am
Secretary of State
08-13-2002 90226 008 ****55.00

DOCUMENT # L00000007692

1. Entity Name

GROOVENICS, LLC

Principal Place of Business	Mailing Address
% MARK HARRIS 5030 CHAMPION BOULEVARD. #G-6. PMB #135 BOCA RATON FL 33496	% MARK HARRIS 5030 CHAMPION BOULEVARD. #G-6. PMB #135 BOCA RATON FL 33496

974137

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
GROOVENICS	GROOVENICS
Suite, Apt. #, etc. 351 N. CONGRESS AVE. #123	Suite, Apt. #, etc. 351 N. CONGRESS AVE. #123
City & State BOYNTON BEACH, FL.	City & State BOYNTON BEACH, FL.
Zip / Country 33426 / USA	Zip / Country 33426 / USA

4. FEI Number 22-3739485 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name PETE CARMICHAEL

Street Address (P.O. Box Number is Not Acceptable)

351 N. CONGRESS AVE. #123

City BOYNTON BEACH FL Zip Code 33426

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 _____ PETE CARMICHAEL 6/12/02
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
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CARMICHAEL, PETE 3550 EDGAR AVE BOYNTON BEACH FL 33436	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MEM~~ ~~AUSTIN, JAMES~~ ~~147 COCOANUT RD.~~ ~~DELRAY BEACH FL 33444~~	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM BERNHOLTZ, CARL 1521 NW 9TH ST BOCA RATON FL 33486	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MEM~~ ~~MCFARLAND, MICHAEL~~ ~~11 AFTON PL~~ ~~LANTANA FL 33426~~	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM MULLENIX, JOSH 3213 SCANLAN AVE. LAKE WORTH FL 33461	☐ Delete	MEM MULLENIX, JOSH 9170 ROAN LN. LAKE PARK, FL. 33403	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E083 (9/01)

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 REQUIRED 6/12/02 561-732-5429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #