FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 18, 2002 8:00 am DOCUMENT # L0000008803 Secretary of State 1. Entity Name 02-18-2002 90182 011 ****50.00 E.C. GOLDIN ENTERPRISES, LLC Principal Place of Business Mailing Address 1515 RINGLING BLVD., SUITE 890 1515 RINGLING BLVD., SUITE 890 SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address 15 RINGLINL BLVD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 65-1049137 APPLIED FOR City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HENDRICKSON, ROBERT W III Street Address (P.O. Box Number is Not Acceptable) 1206 MANATEE AVE., WEST **BRADENTON FL 34205** City Zip Code 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, typed or printed name of registered agent and title if applicable (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** MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. TITLE Change ☐ Addition TITLE Delete YUZPE, GAIL NAME STREET ADDRESS 304 WATERSTONE PL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LONDON ONTARIO N6H 5N2** TITLE Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP ☐ Delete TITLE ☐ Chance ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE: