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FILED

2002 UNIFORM BUSINESS REPORT (UBR)

May 01, 2002 8:00 am Secretary of State DOCUMENT # L0000009619 04-01-2002 90610 044 ****50.00 1. Entity Name DEWITT MANAGEMENT, LLC Principal Place of Business Mailing Address 14463 W. COLONIAL DRIVE C/O ANN SEVERNS WINTER GARDEN FL 34787 P.O. BOX 770337 WINTER GARDEN FL 34777-0337 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3664703 Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEWITT, DALE A 14463 W COLONIAL DR r is Not Accentable) WINTER GARDEN FL 34787 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 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM ☐ Delete TITLE ☐ Change Addition NAME DEWITT, DALE A NAME STREET ADDRESS 14463 W. COLONIAL DRIVE STREET ADDRESS CITY-ST-ZIP **WINTER GARDEN FL 34787** CITY-ST-7IP THE MOR TITLE ☐ Delete TITLE Addition ☐ Chance MAME Annseverns NAME STREET ADDRESS 14463 NCOLUNIA STREET ADDRESS CITY-ST-ZIP Vinter Grudon 3448 CITY-ST-ZIP TITLE ☐ Delete IIILE ☐ Change ☐ Addition NAME NAME STREET AUDMESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE-☐ 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 popular or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE