2003 LIMITED LIABILITY COMPANY

FILED Jul 17, 2003 8:00 am Secretary of State

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1. Entity Nam	MENT # LOOOOO O SUPPLY, LLC	009645			07-17-2003 900	y O1 Sta)23 042 ****55.0				
Principal Plac 20725 S.W. 461 NEWBERRY FL		Mailing Address 20725 S.W. 46TH AVENUE NEWBERRY FL 32669	·							
2. Principal P	Place of Business	3. Mailing Address	<u>-</u>							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & Stat	e	City & State			4. FEI Number 62-1828541		oplied For ot Applicable			
Zip	Country	Zip			5. Certificate of Status Desired	Fee Require	55.00 Additional ee Required			
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Reg	istered Agent				
2072	is, stefan 25 SW 46th avenue /Berry Fl 32669			Name Street Address (I	(P.O. Box Number is Not Acceptable)					
				City		FL Zip Cod	e			
	named entity submits this statement for ions of registered agent	or the purpose of changing its	registere	ed office or register	ed agent, or both, in the State of Florid	a. I am familiar with,	and accept			
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered	d Agent signature required	when reinstating)	DITE				
,` -		Make Check Payabl	le to Flo	FEE IS \$50.00 orida Departme nber 24, 2003	it of State					
9.	MANAGING MEMBI	RS/MANAGERS	10.		ADDITIONS/CH	HANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, STEFANMM 20725 S.W. 46TH AVENUE NEWBERRY FL 32669	☐ Delete				☐ Change	☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, TREVOR 20725 S.W. 46TH AVENUE NEWBERRY FL 32669	☐ Delete		1		☐ Change	☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAMON, DAVIS 20725 S.W. 46TH AVENUE NEWBERRY FL 32669	□ Delete	NAME STREE	ET ADDRESS ST-ZIP		☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete				☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- · .	Delete Delete	4			☐ Change	Addition .			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with	☐ Delete	CITY-	ET ADDRESS ST-ZIP		☐ Change	Addition			

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 AND TYPED OR PRIVITED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE