FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 26, 2002 8:00 am Secretary of State DOCUMENT # L0000009725 1. Entity Name 09-26-2002 90101 022 ****50.00 TRAWICK RANCH, L.L.C. Principal Place of Business Mailing Address 1693 HIGHWAY 277 1693 HIGHWAY 277 CHIPLEY FL 32428 CHIPLEY FL 32428 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3674300 Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TRAWICK, KAY 1693 HIGHWAY 277 Street Address (P.O. Box Number is Not Acceptable) CHIPLEY FL 32428 City Zip Code 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. I am familiar with, and accept 9-20-02 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 September 25, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME TRAWICK, KAY NAME STREET ADDRESS 1693 HIGHWAY 277 STREET ADDRESS CITY-ST-ZIP CHIPLEY FL 32428 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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.

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NAME

TITLE

NAME

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CITY-ST-ZIP

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NAME

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CITY-ST-ZIP

9-20-02 (850)638-3272
Date Daytime Phone #

☐ Change

☐ Change

Addition

Addition