CR2E083 (4/03

FILED

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (ÚBR)

Sep 05, 2003 8:00 am Secretary of State DOCUMENT # L0000010481 09-05-2003 90066 013 ****50.00 1. Entity Name UMA, LLC. Principal Place of Business Mailing Address 901 SW 21 AVE 119 NE 16TH AVE. GAINESVILLE FL 32601 GAINESVILLE FL 32601 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 59-3670152 Not Applicable Country Country Zip \$5.00 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PATEL, SONAL Street Address (P.O. Box Number is Not Acceptable) 119 NE 16TH AVE GAINESVILLE FL 32601 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 the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 1907 100 Make Check Payable to Florida Department of State Due By September 24, 2003 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9, MGRM TITLE ☐ Delete TITLE Change ☐ Addition PATEL, SONAL NAME NAME STREET ADDRESS 901 SW 21 AVE STREET ADDRESS **GAINESVILLE FL 32601** CITY-ST-ZIP CITY-ST-ZIP MGRM Addition Delete TITLE Change TITLE PATEL, LATA NAME NAME 901 SW 21 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GAINESVILLE FL 32601** CITY-ST-ZIP ☐ Change Addition TITLE Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE 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.

PED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #