2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010947

1. Entity Name

FL EQUIP, LLC

FILED
01 SEP 18 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
Pointe Orlando Shopping Center Int'l Drive at Republic Drive Store #E1/E2 Orlando, FL 32819	Pointe Orlando Shopping Center Int'l Drive at Republic Drive Store #E1/E2 Orlando, FL 32819

2. Principal Place of Business		3. Mailing Address	
		FL EQUIP, LLC	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 15525 N. 83rd Way #B-7	
City & State		City & State Scottsdale, AZ	
Zip	Country	Zip 85260	Country Maricopa

DO NOT WRITE IN THIS SPACE

4. FEI Number 91-2078383 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT-Corporation System 1200 S. Pine Island Rd. Plantation, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

SIGNATURE ______________________________ DATE
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

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-09/26/01--01036--015
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member FL Holding Co., Inc. Ronald C. Malone, Pres. 15525 N. 83rd Way #B-7 ~~Scottsdale, AZ 85260~~ ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

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: [signature] 9/13/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #