2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011193

1. Entity Name



FILED Jan 14, 2003 8:00 am Secretary of State 01-14-2003 90035 038 ****55.00

	I EQUIPMENT, L.L.C.			01-14-2003 90035 038 ****55.00
Principal Place of Business 311 LAKE MARKHAM ROAD SANFORD FL 32771		Mailing Address 311 LAKE MARKHAM ROA SANFORD FL 32771)AD	COO WE TO
2. Principa	al Place of Business	3. Mailing Address		
Suite, Ar	pt. #, etc.	Suite, Apt. #, etc.		
City & Sta	tate	City & State		☐ CHECK HERE IF MAKING CHANGES
Zip	Country		_	4. FEI Number 01-0642714 Applied For
	Country	Zip	Country	Not Applicable
	6. Name and Address of Currer	nt Registered Agent		FAR Required
CA!	STELLO, JOSEPH		Name	7. Name and Address of New Registered Agent
311	1 LAKE MARKHAM ROAD		<u></u>	et Address (P.O. Box Number is Not Acceptable)
SAN	NFORD FL 32771		 	TAddress (F.O. Box Number is Not Acceptable)
			City	
8. The above	e named entity submits this statement	for the number of changing it		FL Zip Code
the obligat	tions of registered agent.	or the purpose of changing its	, registered office	e or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE				
	Signature, typed or printed name of registered agent	t and title if applicable. (NOTF	E: Registered Agent sign	gnature required when reinstating) DATE
		FILE NO	OW!!! FEE IS	\$50.00
		Make Check Payable	le to Florida De	Department of State
9.	MANAGING MEMP	Due	e By May 1, 200	/03
TITLE	P MANAGING MEMBE		10.	ADDITIONS/CHANGES
NAME	CASTELLO, JOSEPH M	☐ Delete	TITLE	
STREET ADDRESS	311 LAKE MARKHAM RD.		NAME STREET ADDRESS	,
311Y-S1-ZIP	SANFORD FL 32771		CITY-ST-ZIP	
ITLE AME	-4	☐ Delete	TITLE	+
TREET ADDRESS	****		NAME	☐ Change ☐ Addition
ITY-ST-ZIP	N		STREET ADDRESS	
TLE	A war we was the same of	Poloto	CITY-ST-ZIP	
AME		□ Delete	TITLE NAME	☐ Change ☐ Addition
'reet address Ty-st-zip			NAME STREET ADDRESS	1
TLE			CITY-ST-ZIP	1
ME		☐ Delete	TITLE	☐ Channa ☐ Addition
REET ADDRESS		,	NAME STREET ADDRESS	☐ Change ☐ Addition
Y-ST-ZIP		,	STREET ADDRESS CITY-ST-ZIP	1
LE	,	☐ Delete	TITLE	
ME		- Doing	NAME	☐ Change ☐ Addition
LET YOUREGG !		7	STREET ADDRESS	
EET ADDRESS Y-ST-ZIP		\		
			CITY-ST-ZIP	<u> </u>
Y-ST-ZIP		☐ Delete	TITLE	T Change T Addition
Y-ST-ZIP E EET ADDRESS		□ Delete	TITLE NAME	☐ Change ☐ Addition
Y-ST-ZIP E IE EET ADDRESS -ST-ZIP			TITLE NAME STREET ADDRESS	Change Addition ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information

Thereby 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. 2700000

ME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE SIGNATURE:

10/2003

407/741-3693