2001 UNIFORM BUSINESS REPORT (UBR)

				<u> </u>	-		r		:		
DOCUMENT # L00000012164							FIL	.ĘD			
EOSCOR, LLC					OT MAY 11 AM 9: 29 .						
Principal Place of Business Mailing Address					SECRETARY OF STATE TALLAHASSEE, FLORIDA						
11242 S.W. 128 PLACE 11242 S.W. 128 PLACE MIAMI FL 33186 MIAMI FL 33186				1736.274					JUIDH		
					.						
2. Principal f	3. Mailing Address										
Suite, Apt.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & Sta		City & State	·			lumber 5 -	104511		No	oplied For ot Applicable	
Zip	Country	Zip ,					Status Desired	<u> </u>	\$5.00 Add Fee Require		
6. Name and Address of Current Registered Agent				Name	7. Name	and Ad	dress of New Re	gistered i	Agent		
SAMUELS, EUGENE P				Street Address (P.O. Box Number is Not Acceptable)							
11242 S.\ Miami Fl	W. 128 PLACE .33186						<u> </u>	!			
				City				FL	Zip Cod	le	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent							the State of Flor	ida.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$50.00											
FILE NOW Make Check Payel					f State						
9.	MANAGING MEMBE	ERS/MEMBERS	10.				ADDITIONS/	CHANGES			
TITLE			TITLE				7.007.1101.107.	1	☐ Change	Addition	
NAME STREET ADDRESS	dge, MD	NAME	ET ADDRESS						_		
CITY-ST-ZIP	Managing Member Richard E. Standris 2141 E. Broadway R Tempe, AZ 8528	2		ST-ZIP							
TITLE NAME	Managing Member Delete Eugene P. Samuels, JD, MBA			·						Addition	
STREET ADDRESS CITY-ST-ZIP	MOMI FL 33186			ET ADDRESS ST-ZIP				7/01 ≲0.00		-008 *50 . 00	
TITLE	Maraging-Member Delete			-	-	-			. Change	Addition	
STREET ADDRESS CITY-ST-ZIP	11260 old Resolut Rd.			T ADDRESS				1			
TITLE	Alpharetta CA 30004		1-	ST-ZIP						□ Addition	
NAME	Managing Member Delete		TITLE NAME						☐ Change	☐ Addition	
STREET ADDRESS	1((200 000 1000000)			T ADDRESS							
CITY-ST-ZIP		588 4	-	ST-ZIP				<u> </u>			
TITLE NAME	D. T.		TITLE					1	Change	☐ Addition	
STREET ADDRESS	DRESS 1,260 old Roswell Rd		STREET ADDRESS					1			
C/TY-ST-ZIP	Alpharetta GA ?	50004 <u> </u>	-	ST-ZIP				!			
NAME			TITLE NAME						☐ Change	Addition	
STREET ADLINESS				T ADDRESS							
CITY-ST-ZIP				ST-ZIP							
indicated	certify that the information supplied with on this report is true and accurate and t bility company or the receiver or trustee	hat my signature shall have the	e same	legal effect as if n	nade under	oath: tha	ıt I am a manadiı	further cer ng membe	tify that the in or manage	nformation er of the	
					10			1			

ATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNANG MANAGING MEDIBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Deptime Phone #