	1 UNIFORM BUSI		MI (OBN)		· · · · · · · · · · · · · · · · · · ·	. ,	ŧ		7962000
1. Entity Name HILLSBORO SCIENTIFIC, L.L.C.			J. 184		FILE)			
Dringing) Pla	and f Project				01 SEP 1/8 IP	1 12: 17			
Principal Place of Business 987 HILLSBORO MILE HILLSBORO BEACH FL 33062		Mailing Address 967 HILLSBORO MILE HILLSBORO BEACH FL 33062		1	SECRETARY OF STATE TALLAHASSEE, FLORIDA				
1159	Place of Business Hells Boro Mule	3. Mailing Address							
Suite, Apt	affice	Suite, Apt. #, etc.			DO NOT WRI	TE IN THIS S	PACE /	/	:
City & Sta	HILISBORO BENCH PL	City & State		4. FEIN	Number		-	pplied For ot Applicable	-
33	OGZ USA	Zip	Country	5. Certi	ificate of Status Desired		5.00 Ad ee Require		
	6. Name and Address of Current R	egistered Agent	Name	7. Nam	e and Address of New I	Registered A	gent		-
98	ELENTANO, VINCENT B7 HILLSBORO MILE ILLSBORO BEACH FL 33062		Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
			City			FL	Zip Coo	le	
							1		
8. The above	e named entity submits this statement for t	he purpose of changing its	registered office or regi	istered agent,	or both, in the State of FI	orida.			
8. The above									
		title if applicable. (NÖTE	E: Registered Agent signature red	uired when reinstati	ng) 50004	DATE	785-		
		little if applicable. (NOTE FILE NOTE Make Check Pa	E: Registered Agent signature rec	quired when reinstati	500004 500004	DATE	036==0	309 <i></i>	
SIGNATURE	Signature, typed or printed name of registered agent and	FILE NOTE Make Check Pa Due By	E: Registered Agent signature rec DW!!! FEE IS \$50.0 yable to Departmen September 26, 200	quired when reinstati	500004 500004	DATE 6 1 1 7 /0101 50.00 /CHANGES	036==0 *****	009 50.00	
9. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent and	FILE NOTE Make Check Pa Due By S/MANAGERS Delete	DW!!! FEE IS \$50.0 yable to Department September 26, 200	quired when reinstati	500004 500004 	DATE 6 1 1 7 /0101 50.00 /CHANGES	036==0	309 <i></i>	2E083 (5/01)
9. TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	MANAGING MEMBERS MANAGING MEMBERS MANAGEP UNCEST O 977 4: ((Social Members))	FILE NOTE Make Check Pa Due By S/MANAGERS Delete	E: Registered Agent signature rec DW!!! FEE IS \$50.0 yable to Departmen September 26, 200 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	quired when reinstati	500004 500004 	DATE 6 1 1 7 701—01 50.00 7CHANGES	036==0 *****	009 50.00	CR2E083 (5/01)
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SIGNATURE 9. TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS STRY-ST-ZIP TITLE VAME TITLE TI	MANAGING MEMBERS MANAGING MEMBERS MANAGEP UNCEST O 977 4: ((Social Members))	FILE NOTE Make Check Pa Due By S/MANAGERS Delete Delete Delete	E-Registered Agent signature rec DW!!! FEE IS \$50.0 yable to Departmen September 26, 200 10. IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	quired when reinstati	500004 500004 	DATE 6117 /0101 50.00 /CHANGES	○35==(***** □ Change □ Change		CR2E083 (5/01)

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