LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

L01000000871 **DOCUMENT#**

1. Entity Name

CORGI, L.L.C.



APPROVEL

03 FEB 24 AM 9: 57

SECRETARY OF STATE BAGE AHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address 900 Sixth Avenue South 5325 - 13th St.m.S.W. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 203 City & State City & State Naples, FL Canton, Ohio Country Country

44710

000013030310 02/24/03--01044--019 **50.00

DO NOT WRITE IN THIS SPACE .

Applied For

\$5.00 Additional

Fee Required

Not Applicable

DO NOT WRITE IN THIS SPACE

USA

7. Name and Address of Current Registered Agent				
Name William Schweikhardt				
Street Address (P.O. Box Number is Not Acceptable) 900 Sixth Avenue South				
Suite 203				
City Nan 1 ag	FI	Zip Code		

4. FEI Number 58-2628906

5. Certificate of Status Desired

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.

USA

34102

SIGNATURE Signature, typed or printed name of registered agent and title if applicable

FEE IS \$50.00 Make Check Payable to Florida Department of State DIERYMAYI

9.	MANAGING MEMBERS/MANAGERS	唐·李· · ·	The transfer of the second of	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Ronald W. Wootton 5325 - 13th St., SW Canton, OH 44710	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY: ST: ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	رزان معرضيت مساد المعرف الم	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 be ecute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Ronald W. Wootton, Managing Member MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

(330) 478-2830