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FILED
Jul 09, 2002 8:00 am
Secretary of State
06-02-2002 90903 035 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000001276

1. Entity Name

Mount Bierstadt, LLC

[redacted]

96858

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1389 Sun Meadow Lane'	SAME
Suite, Apt. #, etc. C/O Billie Mills	Suite, Apt. #, etc.
City & State Rockford, IL	City & State
Zip 61107 Country	Zip Country

4. FEI Number
91-2104111
☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

City: Plantation FL Zip Code: 33324

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: Billie Lynn Mills, Trustee DATE: 7/6/02

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

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Billie D. Mills, Trustee 1389 Sun Meadow Lane Rockford, IL 61107
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CR2E083B (12/01)

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: Billie D. Mills

Billie D. Mills, Manager 5-28-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #