## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 16, 2002 8:00 am Secretary of State

| DOCU  | MENT             | # L0100006   | 1722  |   |                                |  |  | 04-16-2002   | 2 90086       | 5 014 **     | ·**50.00                   |
|---|------------------|--|---|---|--------------------------------|--|--|--|---------------|--------------|----------------------------|
| 1. Entity Nan   |                  | ourri, LLC   |   | J   |                                |  |  |  |               |              |                            |
| ,   | DO N             | IOT WRIT   | EIN   | I THIS SI   | PAC                            | E  |  |  |               |              |                            |
| 2. Principal Place of Business<br>3313 W. Hillsborough Ave.<br>Suite. Apt. # etc. |                  |  | 83  | 3. Mailing Address 8313 W. Hillsborough Ave. Suite, Apt. #, etc.              |                                |  |  | DO NOT WRIT  | E IN THIS     | SPACE        |                            |
| City & State  |                  |  | C   | Suite 420  City & State   |                                |  |  | 4. FEI Number Applied For  |               |              |                            |
| Tampa, FL  Zip Zip Country USA  |                  |  | Z   | mpa, FL   |                                | Country  |  | 705956<br>ificate of Status Desired  |               |              | Not Applicable  Additional |
| 33613   | <del> </del>     | ÚSA  | 33  | 615   |                                | USA  |  | and Address of Current   |               | Fee Rec      | uired                      |
| DO NOT WRITE<br>IN THIS SPACE   |                  |  |   |   |                                |  | Hendee, Esq.<br>ess (P.O Box Number is Not Acceptable)<br>Ashley Drive, Suite 1770 |  |               |              |                            |
| ici <sub>ss</sub> .   |                  |  |   |   |                                | City<br>Tampa  | <u></u>  |  | Fl            | - 336        | Code                       |
| 8. The above  | e named enti     | y submits this statemer  | it for the pu                               | rpose of changing its   | register                       |  | istered agent.   | or both, in the State of Flo   |               | - 1330       | 102                        |
| SIGNATURE   |                  |  |   |   |                                |  |  |  |               |              |                            |
|   | Signature, typeo | t or printed name of registered a  | gent and title if                           | <del>                                     </del>                              | ee ie                          | \$50.00  |  | Τ  | DATE          |              |                            |
|   |                  |  |   | Make Check Pa   | yable l                        |  | nt of State  |  |               |              |                            |
| 9.<br>TITLE   | MGRM             | MANAGING MEN   | IBERS/MA                                    | NAGERS  | TITE                           | c. T   | <del></del>  |  |               | <del></del>  |                            |
| NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | DNC Fa<br>8313 W | actoring, LL   |   | ve., Ste.42   | NAM<br>STR                     |  |  |  |               |              |                            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | lampa,           | FL 33615 .   |   |   |                                | 1:   |  |  | ··            |              |                            |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP   |                  |  |   |   |                                | E  |  | DO NOT WRITE   |               |              |                            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                  |  |   |   |                                | 1  |  | IN THIS S  | SPA           | CE           | :                          |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  |                  |  |   |   |                                | · i  | φ.   |  | <del></del> _ |              |                            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                  |  |   |   |                                |  |  |  |               |              |                            |
| limited lia   | ability compa    | e information supplied of the information supplied of the fruit and accurate any or the receiver or true | with this fille<br>and that my<br>stee empo | ng does not qualify for<br>a signature shall have to<br>wered to execute this | the exe<br>the sam<br>report a | emption stated in<br>e legal effect as<br>s quired by Cl | n Section 119.<br>if made unde<br>hapter 608, Fl                                   | 07(3)(i), Florida Statutes. I<br>ir oath; that I am a manag<br>orida Statutes. | _             |              |                            |
| SIGNAT  | SIGNATURE        | AND TYPED OR PRINTED NAM   | E OF SIGNIN                                 | MANAGING MEMBER, MAN  | SER, O                         | AUTHORIZED REPI  | RESENTATIVE  | - 128 \ D2   |               | Daytime Phon | <u>290-8</u> 0             |