1/11/02-90013-011-$50

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State
01-11-2002 90013 011 ****50.00

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DOCUMENT # L01000004539

1. Entity Name
STOCK LOAN CENTRAL, LLC

Principal Place of Business	Mailing Address
1600 SARNO ROAD, SUITE 1 MELBOURNE FL 32935	1600 SARNO ROAD, SUITE 1 MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1600 SARNO ROAD SUITE #1	1600 SARNO ROAD SUITE #1
Suite, Apt. #, etc. Suite #1	Suite, Apt. #, etc.
City & State Melbourne	City & State Florida
Zip 32935 Country BREVARD	Zip 32935 Country BREVARD

4. FEI Number 59-3717510 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GALVIN, BONNIE 1016 MEDALLION DRIVE ROCKLEDGE FL 32955	Name: BONNIE GALVIN Street Address (P.O. Box Number Is Not Acceptable) 1016 MEDALLION DRIVE City Rockledge FL Zip Code 32955

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 [signature] Bonnie Galvin 1-7-02
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
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President David Arnoff 1600 Sarno Rd., Ste. 1 Melbourne, FL 32935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Lisa Arnoff 1600 Sarno Rd., Ste. 1 Melbourne, FL 32935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
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CR2E083 (9/01)

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