5/7

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State
05-07-2002 90374 005 ****50.00

DOCUMENT # L01000004907

1. Entity Name: Florida Express Shavings LLC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE 90685

2. Principal Place of Business	3. Mailing Address
5111 S Pine Ave	PO Box 5058
Suite, Apt. #, etc.: Suite O	Suite, Apt. #, etc.:
City & State: Ocala, FL	City & State: Ocala, FL
Zip: 34480 Country:	Zip: 34478 Country:

4. FEI Number: 59-3707853 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: DANIEL HICKS

Street Address (P.O. Box Number is Not Acceptable): 421 S PINE AVE

City: OCALA **FL** Zip Code: 34474

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 _____ DATE
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	MGRM Michael D. Paglia 5111 S Pine Ave, Suite O Ocala, FL 34480
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM John A. Paglia, Jr. 5111 S.Pine Ave, Suite O Ocala, FL 34480
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Jim Whitbeck 5111 S Pine Ave, Suite O Ocala, FL 34480
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Vivian McIntyre 5111 S Pine Ave, Suite O Ocala, FL 34480
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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: _____ 4/25/2 352-369-5411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #