772, 231.5858

Daytime Phone #

04.21.03

2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

Apr 23, 2003 8:00 am Secretary of State DOCUMENT # L01000004957 04-23-2003 90131 011 ****50.00 1. Entity Name SNOWJET, LLC Principal Place of Business Mailing Address OUDDIDOO 5065 HIGHWAY A-1-A 5065 HIGHWAY A-1-A VERO BEACH FL 32963 VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3712112 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PANZA, THOMAS F Street Address (P.O. Box Number is Not Acceptable) C/O PANZA, MURER&MAYNARD, P.A. 3600 NORTH FEDERAL HIGHWAY, 3RD FLR. FORT LAUDERDALE FL 33308 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. **MGRM** ☐ Addition TITLE ☐ Delete TITLE ☐ Channe NAME SNOWDEN, GUY B NAME STREET ADDRESS 5065 HIGHWAY A-1-A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 TITLE MGRM ☐ Delete TITLE ☐ Addition NAME TAYLOR, JOHN E JR. NAME STREET ADDRESS STREET ADDRESS 5065 HIGHWAY A-1-A CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 receive for ruline empowered to execute this report as required by Chapter 608, Florida Statutes.

JRE: SOUNDIVE REQUEREDS. THERE, JR. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: