2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L0100005691 FILED MARLIN BISSO COMPANY, LLC 2002 OCT -3 AM 11: 01 Principal Place of Business Mailing Address DIVILION OF CORPORATIONS 1318 ALFORD AVE. SUITE 202 BIRMINGHAM AL 35226 1318 ALFORD AVE. TALLAHASSEE, FLORIDA BIRMINGHAM AL 35226 2. Principal Place of Business Mailing Address .O. Box 66057/ P.O. Box 660571 DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For Birmingham, ALABAMA 63-1278506 Not Applicable Country USA Country \$5.00 Additional ω \circ A5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUNNELS, DAVAGE J III Street Address (P.O. Box Number is Not Acceptable) 36468 EMERALD COAST PARKWAY **SUITE 2101** DESTIN FL 32541 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 100008210401-FILE NOW!!! FEE IS \$50.00 -10/04/02--01060--001 Make Check Payable to Department of State *****50.00 Due By May 1, 2002 *****50.00 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE MAR Richard L. Bisso P.O. Box 660571 Delete TITLE ☐ Addition CR2E083 (9/01) BISSO, RICHARD L NAME STREET ADDRESS 1318 ALFORD AVE. SUITE 203 STREET ADDRESS Birmingham, Alabama 35266 CITY-ST-ZIP **BIRMINGHAM AL 35226** CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITL F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

NAME

TITLE

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SIGNATURE:

9.

City-St-7iP

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ER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

☐ Delete

4-22-02 205-822-3982

☐ Change

☐ Change

☐ Addition

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