FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 25, 2002 8:00 am § Secretary of State DOCUMENT # L0100006498 04-25-2002 90007 010 ****50 00 DLH VENTURE CATALAN, LLC Mailing Address Principal Place of Business 945541 2164 15TH CIRCLE NORTH 2164 15TH CIRCLE NORTH ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-3732983 Not Applicable Zip 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 DEPUGH, R V Street Address (P.O. Box Number is Not Acceptable) 2164 15TH CIRCLE NORTH ST. PETERSBURG FL 33713 City Zio Code FL 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. (NOTE: Registered Agent signature required when reinstating) 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 **MGRM** ☐ Addition TIT! F ☐ Delete TITLE Change DEPUGH, R V NAME NAME STREET ADDRESS STREET ADDRESS 2164 15TH CIRCLE NORTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33713 MgR JOHN R. LESTINI Addition ☐ Delete TITLE Change NAME NAME 1120 CORDOVA BIUD NE STREET ADDRESS STREET ADDRESS St. Petersbung, FZ 33704 CITY-ST-ZIP CITY-ST-7IP Addition Change TITLE Delete TITLE PAUL HAGGAR NAME NAME 3637 - 4 STREET NORTH STREET ADDRESS STREET ADDRESS St. PETERS bung, FL 33704 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 2 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.