2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR

Jan 15, 2003 8:00 am Secretary of State DOCUMENT # L0100007726 1. Entity Name 01-15-2003 90048 019 ****50.00 RWG, LLC Principal Place of Business Mailing Address 1600 E HILLSBORO BLVD 88 SOUTH MAIN ST DEERFIELD BEACH FL 33441-4535 PEARL RIVER NY 10965 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 65-1108684 Applied For Zip Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MURDOCH, ROBERT E JOHNSON ANSELMO MURDOCH BURKE & GEORGE PA Street Address (P.O. Box Number is Not Acceptable) 790 E BROWARD BLVD SUITE 400 FT LAUDERDALE FL 33301 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 SIGNATURE 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 Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE NAME GANLEY, ROBERT W Change ☐ Addition NAME STREET ADDRESS 148 SE 18TH AVE STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33441-4535 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME ± STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change NAME ☐ Addition NAME 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 eath; that I am a managing member or manager of the limited liability company or the receited or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

TED NAME OF SIG

CITY-ST-ZIP

FILED