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FILED
May 29, 2002 8:00 am
Secretary of State
05-06-2002 90134 020 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000008609

1. Entity Name

Lucas Technologies, LLC

[redacted]

DO NOT WRITE IN THIS SPACE

80852

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2. Principal Place of Business	3. Mailing Address
418 Black Oak Lane	418 Black Oak Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ormond Beach FL	City & State: Ormond Beach FL
Zip: 32174 Country: Volusia	Zip: 32174 Country: Volusia

4. FEI Number: 59-3724827 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Richard Rivera

Street Address (P.O. Box Number is Not Acceptable)

418 Black Oak Lane

City: Ormond Beach FL Zip Code: 32174

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	President
NAME	Richard Rivera
STREET ADDRESS	418 Black Oak Lane
CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	
NAME	
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CR2E083B (12/01)

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: Richard M. Rivera 4/26/02 386-252-5858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #