FILED
Aug 20, 2002 8:00 am
Secretary of State

05-20-2002 90272 001 ***100.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000008680

1. Entity Name
DEMOTECH, LLC

Principal Place of Business	Mailing Address
714 GLASGOW CT. WINTER SPRINGS FL 32708	714 GLASGOW CT. WINTER SPRINGS FL 32708

[redacted]

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3500 Aloma Ave	
Suite, Apt. #, etc. #F9	Suite, Apt. #, etc.
City & State Winter Park	City & State
Zip FL Country 32	Zip 32792 Country USA

4. FEI Number 59-3720080 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOROS, JULIANA
714 GLASGOW CT.
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

Name BOROS JULIANA
Street Address (P.O. Box Number is Not Acceptable) 3500 Aloma Ave #F9
City Winter Park FL Zip Code 32792

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 Juliana Boros
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 Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JULIANA BOROS 714 Glasgow Ct Winter Springs FL 32708 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (4/02)

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: SIGNED Juliana Boros 7-11-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #