2002 UNIFORM BUSINESS REPORT (UBR)

Mar 25, 2002 8:00 am **Secretary of State** DOCUMENT # L0100008998 1. Entity Name 03-25-2002 90165 039 ****50.00 DIROSAWI, LLC Principal Place of Business Mailing Address DUUGJAIA 1634 MAIN ST. 1634 MAIN ST. SARASOTA FL 34230 SARASOTA FL 34230 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-1114 Not Applicable Zip Country 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 FAMIGLIO, GEORGE V JR. Street Address (P.O. Box Number is Not Acceptable) 1634 MAIN ST. SARASOTA FL 34230 Zip Code City 8. The above named entity supprits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR Addition TITLE ☐ Delete TITLE ☐ Change THE ROBERT H. DEIGHTON, JR. TRUST NAME NAME STREET ADDRESS 1634 MAIN ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34230 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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