2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

Apr 17, 2003 8:00 am Secretary of State DOCUMENT # L01000009936 04-17-2003 90030 001 ****50 00 **GUNN & GUNN, LLC** Mailing Address Principal Place of Business 2404 CAPTAINS WAY 2404 CAPTAINS WAY JUPITER FL 33477 JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-1114725 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GUNN, KRISTEN J MEMBER Street Address (P.O. Box Number is Not Acceptable) 2404 CAPTAINS WAY JUPITER FL 33477 City 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 the obligations of registered agent SIGNATURE of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. **MGRM** TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME GUNN, DAVID W NAME STREET ADDRESS STREET ADDRESS 2404 CAPTAINS WAY CITY-ST-ZIP CITY-ST-ZIE JUPITER FL 33477 MGRM ☐ Delete TITLE Change ☐ Addition TITLE GUNN, KRISTEN J NAME NAME STREET ADDRESS 2404 CAPTAINS WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33477 ☐ Change Addition TITLE Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITI F NAME NAME

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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.

STREET ADDRESS

CITY-ST-ZIP

Manager, or Authorized Representative

STREET AODRESS CITY-ST-ZIP