2003 LIMITED LIABILITY COMPANY

Apr 17, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # L0100009967 1. Entity Name 04-17-2003 90032 044 ****50.00 RITCH IMAGE, L.L.C. Principal Place of Business Mailing Address 1323 SE 17TH ST., UNIT #404 1323 SE 17TH ST., UNIT #404 FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316 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 Applied For 65-1130705 Not Applicable Zip Country Zip 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 VINCENT, ARTHUR ESQ Street Address (P.O. Box Number is Not Acceptable) 800 EAST BROWARD BLVD., SUITE 607 FT LAUDERDALE FL 33301 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** 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 9. Addition TITLE TITLE MGRM ☐ Delete ☐ Change NAME NAME RITCH. DEBORAH STREET ADDRESS STREET ADDRESS 1323 SE 17TH ST., #404 CITY-ST-ZIP CITY-ST-ZIE FORT LAUDERDALE FL 33316 ☐ Delete TITLE Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T/T/ F ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

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