FILED
Apr 15, 2003 8:00 am
Secretary of State
04-15-2003 90033 016 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

300035368

DOCUMENT # L01000011070

1. Entity Name
HUMANKIND LLC

Principal Place of Business	Mailing Address
6860 GULFPORT BLVD SUITE 110 ST. PETERSBURG, FL 33707 US	6860 GULFPORT BLVD SUITE 110 ST. PETERSBURG, FL 33707 US

2. Principal Place of Business		3. Mailing Address	
6727 1st Ave S		6727 1st Ave S	
Suite, Apt. #, etc. Suite 101		Suite, Apt. #, etc. Suite 101	
City & State St Petersburg, FL		City & State St Petersburg, FL	
Zip 33707	Country USA	Zip 33707	Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 47-0859722 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCNULTY, F.M.
6727 1ST AVE. S., SUITE 101
ST. PETERSBURG, FL 33707

7. Name and Address of New Registered Agent

Name

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

City FL 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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCNULTY, F.M. 6727 1ST AVE. SOUTH, STE 101 SAINT PETERSBURG, FL 33707	☐ 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 (10/02)

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: X F M McNulty 4-4-03 502-696-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #