2002 UNIFORM BUSINESS REPORT (UBR)

May 06, 2002 8:00 am § Secretary of State DOCUMENT # L01000011141 1. Entity Name 05-06-2002 90195 035 ****50.00 A & S, L.C. Principal Place of Business Mailing Address 1375 SE ST LUCIE BLVD P.O. BOX 104 annTll STUART FL 34996 STUART FL 34995 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1121062 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 لهنظ الرابار المسااعية أأناطف والمنطوع RUTLAND, LEONARD JR ESQ Street Address (P.O. Box Number is Not Acceptable) 759 S FEDERAL HWY SUITE 303 STUART FL 34994 City Zip Code FL 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 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 Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITI F **MGRM** ☐ Delete TITLE (9/01)Change Addition NAME ADDEO, WILLIAM H NAME STREET ADDRESS 1375 SE ST LUCIE BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL 34996 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE ING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

SIGNATURE:

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 receive of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.