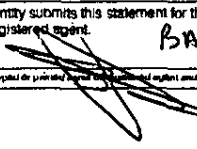


FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91029 001 ***150.00

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

JJU40000

DOCUMENT # L01000011306		
1. Entity Name THC COOPERATIVE SERVICES, LLC		
Principal Place of Business 4901 VINELAND ROAD SUITE 320 ORLANDO, FL 32811 US		Mailing Address 4901 VINELAND ROAD SUITE 320 ORLANDO, FL 32811 US
2. Principal Place of Business 2158 Wintermere Pt. Dr. Suite, Apt. #, etc.		3. Mailing Address 2158 Wintermere Pt. Suite, Apt. #, etc.
City & State Winter Garden FL		City & State Winter Garden FL
Zip 34787		Zip 34787
Country USA		Country USA
4. FEI Number 59-3816808		Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent THC DEVELOPERS INTERNATIONAL, LLC 4901 VINELAND ROAD SUITE 320 ORLANDO, FL 32811		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2158 Wintermere Pointe Drive City Winter Garden FL Zip Code 34787
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  DATE APR - 16, 2003 (NOTE: Registered Agent is required to sign when submitting)		
9. MANAGING MEMBERS / MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR THC DEVELOPERS INTERNATIONAL, LLC. 4901 VINELAND ROAD, SUITE 320 ORLANDO, FL 32811	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR THC Developers International, LLC 2158 Wintermere Pointe Dr.	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Winter Garden FL 34787.	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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 806, Florida Statutes.		
SIGNATURE:  DATE APR - 16, 2003 407-905-4637 SIGNATURE AND TYPE OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		

CARRANO (1002)

Barry J. Carrano