FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91553 035 ****55.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

949267

DOCUMENT #

1. Entity Name
DunRolling II, LLC
L01000012679

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
205 Southern Magnolia Ln	205 Southern Magnolia Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sanford, Fl	City & State: Sanford, Fl
Zip: 32771 Country: USA	Zip: 32771 Country: USA

4. FEI Number: 59-3733052 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Ronald D. Smoker

Street Address (P.O. Box Number is Not Acceptable): 205 Southern Magnolia Ln.

City: Sanford FL Zip Code: 32771

6. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	Ronald D. Smoker
STREET ADDRESS	205 Southern Magnolia Ln.
CITY-ST-ZIP	Sanford, Fl 32771
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

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 Ronald D. Smoker 4-20-02 407-330-7932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

RONALD D. SMOKER