07-30-2002 90381 018 ****55.00
L01000012870

FILED

2003 MAR 31 PM 4:39

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

971633

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012870

1. Entity Name

3-Sixty LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1575 Aviation Center Pky	1575 Aviation Center Pkwy
Suite, Apt. #, etc. 503	Suite, Apt. #, etc. 503
City & State: Daytona Beach, FL	City & State: Daytona Beach, FL
Zip 32114 Country USA	Zip 32114 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3737416 ☐ 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: Albert C. Penson

Street Address (P.O. Box Number Is Not Acceptable): 2810 Remington Green Cr

City: Tallahasse FL Zip Code 32308

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 ______________________________ DATE

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

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	President MGRM	TITLE	
NAME	Alex Wahba	NAME	
STREET ADDRESS	1575 Aviation Center Pkwy Suite 503	STREET ADDRESS	
CITY-ST-ZIP	Daytona Beach, FL 32114	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: [signature] 7-24-02 217-369-3125

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