2003 LIMITED LIABILITY COMPANY

| 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR) | | | | | | FILED Apr 28, 2003 8:00 am Secretary of State | | | | |
|---|--|--|--|-------------------|-------------------------------------|--|---------------------------------------|---------------------------------------|-----------------------------|--|
| DOCUMENT # L0100014091 1. Entity Name MARINE PRODUCTS GROUP, LLC | | | | | 04-28-2003 90080 027 ****50.00 | | | | | |
| Principal Place of Business 2482 CLARK ST. APOPKA FL 32703 | | Mailing Address 2482 CLARK ST. APOPKA FL 32703 | | COO WE THE | | | | | | |
| 2. Principal Place of Business 3102 SE JAY ST - Suite, Apt. #, etc. | | 3. Mailing Address 3102 SE JAY ST. Suite, Apt. #, etc. | | | ☐ CHECK HERE IF MAKING CHANGES | | | | | |
| City & State STUART, FL Zip Country | | City & State STUART, FL Zip Country | | | 4. FEI Num | | | <u> </u> | oplied For ot Applicable | |
| 3499 | MARTIN 6. Name and Address of Current | 34997 Registered Agent | MARTI | N me | 7. Name a | nd Address of New | , L Fe | e Require | | |
| PADULA, MICHAEL A JR. 2482 CLARK STREET APOPKA FL 32703 | | | Street Address (| | (P.O. Box Number is Not Acceptable) | | | | | |
| 1,1 0 | | | Cit | 102 SE | | Т. | FL | 3'4'9'8 | | |
| | named entity submits this statement for one of registered agent. | or the purpose of changing its | s registered offi | ice or registere | ed agent, or b | ooth, in the State of F | lorida. I am far | <u> </u> | | |
| SIGNATURE . | Signature, typed or printed name of registered agent | | TE: Registered Agent | | when reinstating) | · - · - · - · - · · - · · - · · · · · · | DATE | · · · · · · · · · · · · · · · · · · · | _ | |
| | | Make Check Payat | IOW!!! FEE ple to Florida ue By May 1, | Departmer | nt of State | | | | | |
| 9. | MANAGING MEMBI | | 10. | | | ADDITIONS | S/CHANGES | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PADULA, MICHAEL A JR 160 HARROGATE PL LONGWOOD FL 32779 | □ Delete | TITLE NAME STREET ADD CITY-ST-ZIF | RESS 310 | | AY ST L 34997 | C | ∑] Ç hange | ☐ Addition | |
| TITLE NAME STREET ADDRESS | ST PADULA, BARBARA M 160 HARROGATE PL. | ☐ Delete | TITLE NAME STREET ADD | RESS 3102 | 2 SE J | AY ST. | Ę | ₹]Xêhange | ☐ Addition | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST PADULA, BARBARA M 160 HARROGATE PL LONGWOOD FL 32779 | = Delete / = | CITY-ST-ZIF TITLE NAME STREET ADDI CITY-ST-ZIF | AESS 310: | 2 SE J | L 34997 AY ST. L 34997 | · D | ∑ X;hange | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDI CITY-ST-ZIP | RESS | AKI, | 1-34997 | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDR | I | | | | Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDR | | | | |] Change | Addition | |
| indicated | ertify that the information supplied with on this report is true and accurate and oility company or the receiver or truste | that my signature shall have | the same lega | l effect as if ma | ade under oa | th; that I am a mana | . I further certify aging member o | that the in or manage | formation r of the | |

MANAGER, OR AUTHORIZED REPRESENTATIVE