2002 UNIFORM BUSINESS REPORT (UBR)

May 06, 2002 8:00 am Secretary of State DOCUMENT # L01000014227 1. Entity Name 05-06-2002 90129 012 ****50.00 PLANET GOOD, LLC Principal Place of Business Mailing Address 1270 GULF BLVD 1270 GULF BLVD 004009 **UNIT 2003** UNIT 2003 CLEARWATER FL 33767 CLEARWATER FL 33767 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. FELNUMBER 14 1385 Applied For Not Applicable Zip Country Zip Country \$5.00 Additional و 🗷 ــــــــ 5a. Certificate of Status:Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TANUS, DEBORAH Street Address (P.O. Box Number is Not Acceptable) 1270 GULF BLVD **UNIT 2003 CLEARWATER FL 33767** 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) 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 ☐ 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 ☐ Delete TITLE ☐ Change Addition 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 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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BOTTUNUS, Mg 4/22/02 72) 492 0338
BER MANAGER OR AUTHORIZED REPRESENTATIVE Date Daylime Phone # SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING

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.

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