8/1/2002-90166-031-$50.00-$50.00

AND FILED

02 OCT -7 AM 10:02

SECRETARY OF STATE TALLAHASSEE, FLORIDA

0012445

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000014786

1. Entity Name
B.I.N. VENTURES, LLC ✓

Principal Place of Business	Mailing Address
134 BAEZ COURT FORT MYERS FL 33912	134 BAEZ COURT FORT MYERS FL 33912

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 4895 HIGGINBOTHAM RD		3. Mailing Address: 4895 HIGGINBOTHAM RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: FT. MYERS, FL		City & State: FT. MYERS FL	
Zip: 33905	Country: LEE	Zip: 33905	Country

4. FEI Number: APPLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TROIANO, JOSEPH A 4415 METRO PARKWAY FORT MYERS FL 33916	Name: VIKKI A. RICHARDSON Street Address (P.O. Box Number is Not Acceptable): 4895 HIGGINBOTHAM RD City: FT. MYERS FL Zip Code: 33905

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 Vikki Richardson 10/3/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARDSON, VIKKI A 4895 HIGGINBOTHAM ROAD FORT MYERS FL 33905	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (4/02)

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: Vikki Richardson 10/3/02 239-694-8889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #