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FILED
Apr 18, 2002 8:00 am
Secretary of State
03-24-2002 90047 035 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000014833

1. Entity Name

MISNER AND ASSOCIATES LLC

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
231 BUENA VISTA ST. DEBARY FL 32713	231 BUENA VISTA ST. DEBARY FL 32713

2. Principal Place of Business: 231 Buena Vista Street	3. Mailing Address: Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DeBary, FL	City & State: Same
Zip: 32713 Country: USA	Zip: Same Country: USA

4. FEI Number: 59-3747408 ☐ 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
MISNER, CHARLES R 231 BUENA VISTA ST. DEBARY FL 32713	Name: Charles R. Misner Street Address (P.O. Box Number is Not Acceptable): 231 Buena Vista St City: DeBary FL Zip Code: 32713

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] Owner-Shareholder 3/8/02
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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Owner Charles R. Misner 231 Buena Vista St. DeBary, FL 32713 ☐ Delete — Pres Title: + Sec Shareholder	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Owner Lynda R. Misner 231 Buena Vista St DeBary, FL 32713 ☐ Delete — Title: VP + Treas. Shareholder	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
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CR2E083 (9/01)

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] — Shareholder 3/8/02 386-668-1458 386-804-6751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

REMAILED 4/9/02 Lynda R. Misner - Shareholder