2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 28, 2002 8:00 am Secretary of State DOCUMENT # L01000015232 01-28-2002 90001 022 ****50.00 ARFLO, LLC Principal Place of Business Mailing Address 14433 WILLOW RUN 14433 WILLOW RUN DADE CITY FL 33525 DADE CITY FL 33525 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. FEI Number Applied For くの! Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HINES, JAMES P Street Address (P.O. Box Number is Not Acceptable) 315 S HYDE PARK AVE **TAMPA FL 33606** City Zip Code 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, 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 9. ADDITIONS/CHANGES MANASEL TITLE ☐ Detete TITLE ☐ Addition ☐ Change CEBASTIANI T. CATALANO AS TRASTOR OF NAME STREET ADDRESS STREET ADDRESS The Sibartial J. Catalano Rovocas le Trust C!TY-ST-ZIP CITY-ST-ZIP 14433 Let 4/00 Rux ☐ Delete TITI F TITLE Addition Change DAVE CHY FC 30525 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7JP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME

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. 312-5677042

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS