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2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015385 **Secretary of State** 1. Entity Name 01-11-2002 90014 028 ****55.00 D.STRONGER LLC Principal Place of Business Mailing Address 2497 WATERVIEW COURT 2497 WATERVIEW COURT SARASOTA FL 34231 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 5-1/54555 Applied For City & State City & State Not Applicable Country Zio 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 CASWELL, CHRIS Street Address (P.O. Box Number is Not Acceptable) 2364 FRUITVILLE ROAD SARASOTA FL 34231 Zip Code City 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, 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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. Addition (9/04) TITLE MGRM Change TITLE ☐ Delete DAVID STRONGER NAME NAME 160 W 86 ST CR2E083 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10025 CITY-ST-ZIP MERM Addition TITLE Change ☐ Delete TITI F Toby Bealer 2497 Waterview G NAME NAME STREET ADDRESS STREET ADDRESS Sarasch, Fl34231 CITY-ST-ZIP CITY-ST-7IP M6RM Addition ☐ Change TITLE ☐ Delete TITI F Larry Becker 1491 Waterview Co NAME NAME STREET ADDRESS STREET ADDRESS SARASOTA, FL 38131 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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.

CITY-ST-ZIP

SIGNATURE: