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Apr 09, 2002 8:00 am
Secretary of State
02-05-2002 90073 038 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019039

1. Entity Name

CORPORATE CONFERENCE SERVICES, LLC

Principal Place of Business	Mailing Address
5359 LAKE ARROWHEAD TRAIL SARASOTA FL 34231	PO BOX 19985 SARASOTA FL 34279

[redacted] - 22430

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 45-046-7131 ☐ 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
RAUSCHL, DOLORES F 5359 LAKE ARROWHEAD TRAIL SARASOTA FL 34231	Name James C. Rauschl Street Address (P.O. Box Number Is Not Acceptable) 5359 Lake Arrowhead Tr. City Sarasota FL Zip Code 34231

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 Dolores F. Rauschl (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) [signature] DATE 1-28-02

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	MANAGER DOLORES F. RAUSCHL 5359 Lake Arrowhead TR. SARASOTA, FL 34231 ☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 REQUIRED Dolores F. Rauschl 1-28-02 941 923 7749

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #