FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 22, 2002 8:00 am Secretary of State DOCUMENT # L01000019256 1. Entity Name 05-22-2002 90209 013 ****50.00 **BEST VENTURES. LLC** Principal Place of Business Mailing Address 118 HIBISCUS DRIVE 118 HIBISCUS DRIVE PUNTA GORDA FL 33950 PUNTA GORDA FL 33950 2. Principal Place of Business clo BERLU-3244 WHITE #315 CT DO NOT WRITE IN THIS SPACE City & State City & State 4. EEI Number D3-03-アチャケ Applied For Lev (LI)A bo L DA Not Applicable CHAKLOTIÉ \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAMBASCO, ERNEST 118 HIBISCUS DRIVE **PUNTA GORDA FL 33950** 8. The above named entity acceptants this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (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 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MEMIZER MGR (9/01)TITLE TITLE □ Delete Change ☐ Addition ERNEST TAMBASCO NAME TAMBASCO, ERNEST NAME 2821 MARLIN STREET ADDRESS 118 HIBISCUS DRIVE STREET ADDRESS CITY-ST-ZIP PUNTA GORDA PUNTA GORDA FL 33950 CITY-ST-ZIP TITLE Delete MGR TITLE Change ☐ Addition NAME BERCU, SCOTT NAME STREET ADDRESS 118 HIBISCUS DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA FL 33950 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP+ . CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE