2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

Apr 07, 2003 8:00 am Secretary of State DOCUMENT # L01000019810 1. Entity Name 04-07-2003 90005 018 ****50.00 DJ GROUP, L.L.C. Principal Place of Business Mailing Address 5960 SEASIDE DR 5960 SEASIDE DR NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3759304 Applied For 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 BELCHER, WILLIAM D JR. 5960 SEASIDE DR Street Address (P.O. Box Number is Not Acceptable) **NEW PORT RICHEY FL 34652** Zip Code City 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. I am familiar with, and accept the obligations of registered agent. 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 Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change Addition BELCHER, WILLIAM D JR. NAME NAME 5960 SEASIDE DR STREET ADORESS STREET ADDRESS **NEW PORT RICHEY FL 34652** CITY-ST-ZIP CITY-ST-ZIP MGR □ Delete TITLE ☐ Change Addition BELCHER, JILANNE NAME 5960 SEASIDE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW PORT RICHEY FL 34652** CITY-ST-ZIP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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 Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

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