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

APPROVE AND

L01000020862 DOCUMENT #

| 1. Entity Name | | | | | | 02 MAR 22 AM 10: 53 | | |
|--|--|---------------------|-----------------------------------|--|--|--|--|--|
| GUARDIAN ROCK SPRINGS ROAD HOLDINGS, LLC | | | | | | SECRETARY OF STATE TARBUAHASSEE, FLORIDA | | |
| | DO NOT WRITE | IN THIS SF | PACI | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | DO NOT WRITE IN THIS SPACE | | |
| City & Stat | City & State | § State | | | Number | Applied For Not Applicable | | |
| 3375 | - Country/5 Zip C | | Country | y | 5. Certificate of Status Desired \$5.00 Additional Fee Required | | Fee Required | |
| DO NOT WRITE IN THIS SPACE | | | | Name Ber Street Address City MA | 7. Name and Address of Current Registered Agent OF GUALKEY WALKEY TO hope ess (P.O. Box humber is, Not Acceptable) ALTERNO FL Zip Code 3.5 FL Zip Code 3.5 FL Zip Code 3.5 Zip Code 4.1 TLAND | | | |
| 8. The above | named entity submits this statement for the Signature, typed or printed name of registered agent and | itle if applicable. | registered | | ered agent, | 1 | DATE | |
| Make Check Pay | | | | | of State | -03/27/ ***** | 1719286 /0201048032 50.00 *****50.00 | |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | MANAGING MEMBERS MALDUM Equities, I. 1551 SAMSPILE PD MUTLAND, TX 32751 | • | CITY-S TITLE NAME | ADDRESS | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DRESS | | | LE ME REET ADDRESS TY-ST-ZIP DO NOT WRITE | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET CITY-S | ADDRESS T-ZIP | | IN THIS S | SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET CITY-S | ADDRESS T-ZIP | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET CITY-S | ADORESS T-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 empawered to execute this report as required by Chapter 608, Florida Statutes.

Lygunda Statutes of the limited liability company or the receiver or trustee empawered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: