DOCUMENT # FILED 1. Entity Name 03 JAN -2 AM 9: 21 SNOOK PROPERTIES, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 1237 Lady Marion Lane 1370 Pinehurst Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Dunedin, Florida Applied For Dunedin, Florida 928742299 Not Applicable Country Zip 34698 Country \$5.00 Additional 34698 USA USA 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Thomas O. Michaels, Esq. Street Address (P.O. Box Number is Not Acceptable)-IN THIS SPACE 1370 Pinehurst Road Zip Code Dunedin 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 34698 Hones O. MICHASUS, ESQ. Signature, typed or printed name of registered agent and title if applicable FEE IS \$50.00 FEE IS \$50.00

Make Check Payable to Department of State 1 705/03-01007-001 **DUE BY MAY 1** 9. 🗔 MANAGING MEMBERS/MANAGERS Manager TITLE CR2E083B (12/01) Harvey Snook NAME 900008440859--1 STREET ADDRESS STREET ADDRESS -10/18/02--01011--011 CITY-ST-ZIP CITY-ST-ZIP *****50.00 ****50.00 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CÎTY-ST-ZIP CITY-ST-ZIP LINSTATEMENT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 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 frue 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 of the received or frustee empowered to execute this report as required by Chapter 608, Florida Statutes.

727-733-8030

TITLE NAME

TITLE

NAME

TITLE

NAME

TITLE

TITLE

NAME

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING