## LIMITED LIABILITY COMPANY

## Mar 14, 2002 8:00 am UNIFORM BUSINESS REPORT (UBR) **Secretary of State** L01000022316 **DOCUMENT#** 03-14-2002 90083 011 \*\*\*\*50 00 1. Entity Name V. DONALD HILLEY, LLC DO NOT WRITE IN THIS SPACE B0039571 2. Principal Place of Business 3. Mailing Address Same 11382 Krosperity Farms Rd Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite 124 City & State Applied For m Beach Gardens, Fl 60 - 0000 214 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 11.5.A Fee Required 7. Name and Address of Current Registered Agent Donald Hilley DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE m Beach Gardens 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, typed or privile FEE IS \$50.00 Make Check Payable to Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS Manager TITLE TITLE V. Donald Hilley NAME NAME 104 Egantuskee St. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Donna E. Hiller NAME NAME 104 Egantuskee St. STREET ADDRESS STREET ADDRESS Jupiter, FL 33477 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. 1 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING NEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE