LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
05-30-2002 91595 010 ****50.00

DOCUMENT # L02000000476

1. Entity Name

CMG MANAGEMENT GROUP, LLC

DO NOT WRITE IN THIS SPACE

968290

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2700 Dixie Freeway N		2700 Dixie Freeway N	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Newsmyrna Bch		City & State: New Smyrna Bch	
Zip: 32168	Country: Volusia	Zip: 32168	Country: Volusia

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**

Name: Thomas D Wright

Street Address (P.O. Box Number is Not Acceptable)

340 N Causeway

City: New Smyrna Bch **FL** Zip Code: 32169

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 ______________________________ DATE ________

Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	D	TITLE	
NAME	Daniel T. Michelbrink	NAME	
STREET ADDRESS	627 Yupon	STREET ADDRESS	
CITY-ST-ZIP	New Smyrna Bch Fl 32169	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	James J. Murphy	NAME	
STREET ADDRESS	4493 S. Atlantic No 202	STREET ADDRESS	
CITY-ST-ZIP	New Smyrna Bch Fl 32169	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E083B (12/01)

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.

SIGNATURE: Daniel T. Michelbrink [signature] 4/26/02 386-404-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #