2003 LIMITED LIABILITY COMPANY

Aug 22, 2003 8:00 am Secretary of State 8/7/: UNIFORM BUSINESS REPORT (UBR) 4/7/ DOCUMENT #L0200001745 04-07-2003 90002 011 ***526.25 08-07-2003 90065 020 ****50.00 1. Entity Name SANDTURTLE, L.L.C. Principal Place of Business Mailing Address 3201 N.W. 72 AVENUE 3201 N.W. 72 AVENUE MIAMI FL 33122 MIAMI FL 33122 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FFI Number Not Applicable Zip Country 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 MURAI WALD BIONDO & MORENO, P.A. Street Address (P.O. Box Number is Not Acceptable) 25 S.E. 2 AVENUE SUITE 900 MIAM) FL 33131 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES MGRM (4/03) TITLE Delete TITLE DE LA CRUZ, CARLOS M SR. NAME NAME 3201 N.W. 72 AVENUE CR2E083 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAME FL 33122 CITY-ST-ZIP MGRM TITI F Delete TITLE ☐ Change ☐ Addition DE LA CRUZ, ROSA R NAME NAME 3201 N.W. 72 AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33122 CITY-ST-ZIP CITY ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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. DOGARIOSO M. DE LA CRUZ SR Daytime Phone #

CITY-ST-ZIP

CITY-ST-ZIP

attachmer

Sandturtle, L.L.C. 3201 NW 72nd Avenue Miami, Florida 33122 (305) 599-2337

August 20, 2003

Florida Department of State Division of Corporations Annual Reports Section P.O. Box 6478 Tallahassee, FL 32314

Reference No: L02000001745

To Whom It May Concern:

Pursuant to your request, I am returning our Annual Report/Uniform Business Report for the above-referenced Limited Liability Corporation.

In Block 4 we have checked "Not Applicable". Should you need any further information, please feel free to contact the undersigned at (305) 599-2337 ext. 808.

Very truly yours,

Anna Duys

Legal Assistant

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