FILED

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2003 8:00 am Secretary of State DOCUMENT # L02000002183 1. Entity Name 02-13-2003 90025 005 ****50.00 NEGG, L.L.C. Principal Place of Business Mailing Address 781 6TH ST N.E. 781 6TH ST N.E. NAPLES FL 34120 NAPLES FL 34120 2. Principal Place of Business 3. Mailing Address 3542 Plover Ave 3613 Recreation Lane Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For Naples, Fl. Naples 01-0610982 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Collier Collier Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOODWARD, CRAIG R Nancy Obrochta 606 BALD EAGLE DR., STE 500 Street Address (P.O. Box Number is Not Acceptable) MARCO ISLAND FL 34145 3613 Recreation Noples 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. I am familiar with, and accept the obligations of registered agent 2-11-03 ed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE Change Change ☐ Addition Obrochta, Sr. James **OBROCHTA SR, JAMES** NAME NAME STREET ADDRESS 781 6TH ST NE 3613 Recreation Lane STREET ADDRESS CITY-ST-ZIP NAPLES FL CITY-ST-7IP Naples, F1. 34116 MGR TITLE ☐ Delete TITLE Change OBROCHTA JR, JAMES NAME NAME Obrochta, Jr. James 781 6TH ST NE STREET ADDRESS 19316 Pine Run Lane Ft. Myers, Fl. 33912 STREET ADDRESS CITY-ST-ZIP NAPLES FL CITY-ST-ZIP Delete TITLE Change X Addition NAME Nancy Obrochto 3613 Recreation Lane NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Naples, F1. 34116 TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE SETTINE WARRY Obrochta 2-11-03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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.