2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

Jan 14, 2003 8:00 am Secretary of State DOCUMENT # L02000002440 01-14-2003 90039 012 ****50 00 AMET, LLC Principal Place of Business Mailing Address 15 WEST CHURCH STREET, SUITE 201 15 WEST CHURCH STREET, SUITE 201 ORLANDO FL 32801 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 02-0542005 Not Applicable 7in 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 same WOODS, JONATHAN D ESQ. Street Address (P.O. Box Number is Not Acceptable) 15 WEST CHURCH STREET, SUITE 201 ORLANDO FL 32801 425 W. COLONIAL DR., Ste 204 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. 9. ADDITIONS/CHANGES **MGRM** TITLE ☐ Delete TITLE M Addition MORENO, ANTONIO L SR. STREET ADDRESS 15 WEST CHURCH STREET, SUITE 201 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 MGRM ☐ Delete TITLE ☐ Change ☐ Addition MORENO, MIRIAM R NAME STREET ADDRESS 15 WEST CHURCH STREET, SUITE 201 STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ORLANDO FL 32801 MGRM TITI F ☐ Delete TITI F ☐ Change Addition NAME MORENO-HARAMBOURE, ELIZABETH ... NAME STREET ADDRESS 15 WEST CHURCH STREET, SUITE 201 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32801 **MGRM** ☐ Delete Change TITLE TITLE Addition MORENO, ANTONIO JR NAME NAME STREET ADDRESS 15 WEST CHURCH STREET, SUITE 201 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED