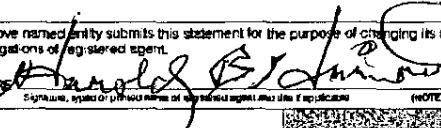


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90273 011 ****50.00

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

JU004J00

DOCUMENT # L02000005313			
1. Entity Name CASTLE VENDING, L.C.			
Principal Place of Business 2385 EXECUTIVE CENTER DRIVE SUITE 100 BOCA RATON, FL 33431 US		Mailing Address 2385 EXECUTIVE CENTER DRIVE SUITE 100 BOCA RATON, FL 33431 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip Country	
4. FEI Number 65-1650600		Appointed For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent DILEO, JASON 1729 EAST COMMERCIAL BLVD. SUITE 323 FORT LAUDERDALE, FL 33334		7. Name and Address of New Registered Agent Name Harold Haimowitz, P.A. Street Address (P.O. Box Number is Not Acceptable) 4700 NW Boca Raton Blvd, #B-201 City Boca Raton FL 33431	
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  DATE 4/28/03 (NOTE: Registered Agent's signature required when reappointing)			
FILED FOR FEE IS \$50.00 State of Florida Secretary of State Office of the Secretary of State Tallahassee, Florida 32399-0001			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete MGRM DILEO, JASON 1729 EAST COMMERCIAL BLVD. SUITE 323 FORT LAUDERDALE, FL 33334	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition MGRM Dileo, Jason 170 Northeast Second Street P.O. Box 554 Boca Raton, FL 33429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 606, Florida Statutes.			
SIGNATURE  DATE 4/28/03		Case Number Printed Here	