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Secretary of State
01-22-2003 90110 015 ****50.00

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LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000005340

1. Entity Name
KIRBY ENGINEERING, LLC

DO NOT WRITE IN THIS SPACE

55006425

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
308 S. DILLARD ST.	P.O. BOX 770669
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER GARDEN, FL	City & State: WINTER GARDEN, FL
Zip: 34787 Country: USA	Zip: 34777 Country: USA

4. FEI Number 02-0541254 ☐ 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: KIRBY, JOHN R.
Street Address (P.O. Box Number Is Not Acceptable)
332 W. TILDEN ST.
City: WINTER GARDEN FL Zip Code: 34787

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] JOHN R. KIRBY 1/15/03
Signature, typed or printed name of registered agent and title if applicable. DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN R. KIRBY - President 332 W. TILDEN ST. WINTER GARDEN, FL 34787	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/02)

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: [signature] JOHN R. KIRBY 1/15/02 407-877-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #