04/23/2003 12:45 727345771211 SANDRA HIMBER C

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91000 022 ****50.00

DOCUMENT # L02000008699

1. Entity Name
KNOT DATA, LLC

Principal Place of Business	Mailing Address
2971 N.E. 185TH STREET, APT. 1904 AVENTURA FL 33180	2971 N.E. 185TH STREET, APT. 1904 AVENTURA FL 33180

[redacted]

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
13205 NE 16th AVE	13205 NE 16th AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Miami, Fl.	City & State: North Miami, Fl.
Zip: 33161 Country: USA	Zip: 33161 Country: USA.

4. FEI Number: 03-0428042 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD
1500 MIAMI CENTER - DAP
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: DAVID RAHAMIN
Street Address (P.O. Box Number is Not Acceptable): 2971 NE 185th STREET APT 1904
City: AVENTURA FL Zip Code: 33180

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] DAVID RAHAMIN MGRM 4-23-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	
TITLE: MGRM NAME: DAVID RAHAMIN STREET ADDRESS: 2971 NE 185th ST #1904 CITY-ST-ZIP: AVENTURA FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: MGR NAME: ROSS HIMBER STREET ADDRESS: 13205 NE 16 AVE CITY-ST-ZIP: N MIAMI FL 33161	☐ 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
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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 608, Florida Statutes.

ROSS HIMBER MGR

SIGNATURE: [signature] 4-23-03 305 981-9410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #