FILED
May 05, 2003 8:00 am
Secretary of State
02-10-2003 90104 023 ****50.00

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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000008904

1. Entity Name
LUCENKO CONSULTING ASSOCIATES, LLC

Principal Place of Business	Mailing Address
26140 HICKORY BLVD. #601 BONITA SPRINGS FL 34134	26140 HICKORY BLVD. #601 BONITA SPRINGS FL 34134

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
SAME AS ABOVE	PO Box 2625
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Bonita Springs
Zip: 34133 Country: Lee	Zip: Fla Country: Lee

4. FEI Number: 22-3311587 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LUCENKO, LARISSA 26140 HICKORY BLVD, #601 BONITA SPRINGS FL 34134	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: LARISSA LUCENKO, PRES MANAGER MGR M — 4/29/03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	LEONARD K. LUCENKO, PRES MGR M PO BOX 2625 BONITA SPRINGS FL 34133 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LEONARD K. LUCENKO JR. ESQ MGR M 3012 POWDER RIDGE ST SE. OLYMPIA, WA 98501 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KRISTINA LUCENKO MGR M 412 W 12th St HATTIESBURG MS 39401 ☐ 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

CR2E083 (10/02)

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: Larissa Lucenko REQUIRED LARISSA LUCENKO MANAGER M 2/3/03 239-947-0119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #