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LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000009878

1. Entity Name

PROSAR TECHNOLOGIES, LLC

FILED

03 MAY 27 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
6956 ALOMA AVENUE WINTER PARK FL 32792	6956 ALOMA AVENUE WINTER PARK FL 32792

2. Principal Place of Business	3. Mailing Address
	PO BOX 1688
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State: GOLDEN ROD FLORIDA
Zip / Country	Zip: 32733 / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 45-0476507 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

~~DISPARRED~~ GEORGE C. SCHLAGETER
6956 ALOMA AVENUE
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name: GEORGE C. SCHLAGETER
Street Address (P.O. Box Number is Not Acceptable): 6956 ALOMA AVENUE
TEL (407) 679 8880 (954) 894 0113
City: WINTER PARK FL Zip Code: 32792

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] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 5/23/03 DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		Delete	10. ADDITIONS/CHANGES		Change	Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP OPERATIONS GEORGE SCHLAGETER 6956 ALOMA AVE WINTER PARK FL 32792	☐	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐	☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐	☐
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SP 5/28/03	☐	☐

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.

954 894.0113

[signature]