2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2003 8:00 am Secretary of State

04-25-2003 90755 047 ****50.00

DOCUMENT # L02000011379 1. Entity Name TOPLINE PLUS, L.L.C. 44001681 Principal Place of Business Mailing Address 1770 WEST 10TH STREET 1770 WEST 10TH STREET RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 02-0591817 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MORRIS, A. GRANT Street Address (P.O. Box Number is Not Acceptable) 1770 WEST 10TH STREET RIVIERA BEACH FL 33404 City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10 MGRM TITLE Delete TITLE ☐ Change ☐ Addition CR2E083 (10/02) MORRIS, A. GRANT NAME NAME STREET ADDRESS 1770 WEST 10TH STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **RIVIERA BEACH FL 33404** TITLE Defete TITLE Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-7IP TITLE TITLE Colete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST-7IP TITLE ☐ Delete TEST F Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-7/P CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-71P flig does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information of signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the swerad to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information sup indicated on this report is true and a limited liability company or the recei SIGNATURE: