FILED
Apr 14, 2003 8:00 am
Secretary of State
03-31-2003 90814 001 ***110.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000012009

1. Entity Name
INDEPENDENCE HOMES, LLC

Principal Place of Business	Mailing Address
5043 WINWOOD WAY ORLANDO FL 32819	5043 WINWOOD WAY ORLANDO FL 32819

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
225 S. Westmonte Dr.	225 S. Westmonte Dr.
Suite, Apt. #, etc.: Suite 2040	Suite, Apt. #, etc.: Suite 2040
City & State: Altamonte Springs, FL	City & State: Altamonte Springs, FL
Zip: 32714 Country: USA	Zip: 32714 Country: USA

4. FEI Number: 75-3062591 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GROSMAN, KURT E
5043 WINWOOD WAY
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name: Dumont A. Dermon
Street Address (P.O. Box Number is Not Acceptable): 225 S. Westmonte Dr.
Suite 2040
City: Altamonte Springs FL Zip Code: 32714

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] 3-15-03
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	☐ Delete	TITLE: MGR NAME: Dumont A. Dermon STREET ADDRESS: P.O. Box 940753 CITY-ST-ZIP: Maitland, FL 32794	☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP Dumont A. Dermon, Chairman and Manager of Dermon, LLC, a Florida Limited Liability Company, as Manager of Independence Homes, LLC, a Florida Limited Liability Company	☐ 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #