2003 LIMITED LIABILITY COMPANY

FILED Jan 29, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** DOCUMENT # L0200013261 1. Entity Name 01-29-2003 90043 022 ****50.00 FLAMEN, LLC Principal Place of Business Mailing Address 20019229 22328 COLLINGTON DRIVE 22328 COLLINGTON DRIVE **BOCA RATON FL 33428** BOCA RATON FL 33428 2. Principal Place of Business 3. Mailing Address Verde Way Grand 76 Grand Suite, Apt. #, etc. M CHECK HERE IF MAKING CHANGES Apt. # 4. FEI Number City & State City & State Applied For 68 - 0510048 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent filman STILLMAN, KIM Street Address (P.O. Box Number is Not Acceptable) 9776 Grand Verde 22328 COLLINGTON DRIVE Grand **BOCA RATON FL 33428** 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, typed or printed n (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 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Addition **MGRM** TITLE MGRM Change TITLE ☐ Delete Kim Stillman NAME STILLMAN, KIM NAME Way #713 9776 Grand Verde STREET ADDRESS STREET ADDRESS 22328 COLLINGTON DRIVE CITY-ST-ZIP CITY-ST-7/P **BOCA RATON FL 33428** MGRM Change MGRM TITLE Delete TITLE Josephine ZOLLO, JOSEPHINE NAME NAME 9776 Grand Verde Way STREET ADDRESS 22328 COLLINGTON DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33428** TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE