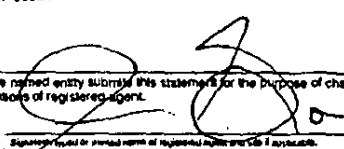
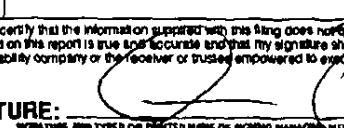


FILED
Jun 17, 2003 8:00 am
Secretary of State

05-05-2003 90690 032 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000013929			
1. Entity Name MAJARO MANAGEMENT, LLC			
Principal Place of Business 5418 DEERBROOKE CREEK CIRCLE, UNIT 15 TAMPA, FL 33624		Mailing Address 5418 DEERBROOKE CREEK CIRCLE, UNIT 15 TAMPA, FL 33624	
2. Principal Place of Business 4642 PINE GREEN TRAIL Suite, Apt. #, etc.		3. Mailing Address PO BOX 26183 Suite, Apt. #, etc.	
City & State SARASOTA - FLORIDA		City & State TAMPA - FLORIDA	
Zip 34241	Country U.S.A.	Zip 33623-6183	Country U.S.A.
4. Fee Number 38-3676313		Added For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SANKO, JASON 5418 DEERBROOKE CREEK CIRCLE, UNIT 15 TAMPA, FL 33624		7. Name and Address of New Registered Agent Name SANKO, JASON Street Address (P.O. Box Number is Not Acceptable) 4642 PINE GREEN TRAIL City SARASOTA FL Zip Code 34241	
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 		DATE 4/30/03	
9. MANAGING MEMBERS/MANAGERS			
10. ADDITIONS/CHANGES		CREATIONS (1002)	
TITLE CEO		☐ Change ☐ Addition	
NAME 4642 PINE GREEN TRAIL			
STREET ADDRESS SARASOTA, FL			
CITY-STATE-ZIP 34241			
TITLE CEO		☐ Change ☐ Addition	
NAME JASON SANKO			
STREET ADDRESS 4642 PINE GREEN TRAIL			
CITY-STATE-ZIP SARASOTA, FL 34241			
TITLE CEO		☐ Change ☐ Addition	
NAME JASON SANKO			
STREET ADDRESS 4642 PINE GREEN TRAIL			
CITY-STATE-ZIP SARASOTA, FL 34241			
TITLE CEO		☐ Change ☐ Addition	
NAME JASON SANKO			
STREET ADDRESS 4642 PINE GREEN TRAIL			
CITY-STATE-ZIP SARASOTA, FL 34241			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(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 606, Florida Statutes.			
SIGNATURE: 		DATE 4/30/03 813-368-2178	