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Jun 19, 2003 8:00 am
Secretary of State
05-13-2003 90014 046 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

5/1

DOCUMENT # L02000014225

44004781

1. Entity Name
RED NUN SUPPLY, LLC

Principal Place of Business	Mailing Address
9788 LAGO DR. BOYNTON BEACH, FL 33437	9788 LAGO DR. BOYNTON BEACH, FL 33437

2. Principal Place of Business	3. Mailing Address
651 EAST woolbright RD	651 EAST woolbright RD
Suite, Apt. #, etc. E401	Suite, Apt. #, etc. E401
City & State BOYNTON BEACH FL	City & State BOYNTON BEACH FL
Zip 33435 Country USA	Zip 33435 Country USA

[redacted]

CHECK HERE IF MAKING CHANGES

4. FEI Number
300081358
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KNOTT, EDWARD JEFFREY
9788 LAGO DR.
BOYNTON BEACH, FL 33437

7. Name and Address of New Registered Agent

Name EDWARD JEFFREY KNOTT
Street Address (P.O. Box Number is Not Acceptable)
651 EAST WOOLBRIGHT RD
E401
City BOYNTON BEACH FL Zip Code 33435

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 Edward J. Knott 5-01-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when changing) DATE

[redacted]

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[redacted]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDWARD JEFFREY KNOTT ☐ Delete 651 EAST WOOLBRIGHT RD E401 BOYNTON BEACH FL 33435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ 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

CR2E080 (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 605, Florida Statutes.

SIGNATURE: Edward J. Knott 06/05/03
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date