2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Mar 31, 2003 8:00 am Secretary of State

3/:

| DOCUMENT # L02000014429 1. Entity Name JENNIE L. AND GEORGE WISSLER, L.L.C. | | | | | 03-14-2003 90004 044 ****50.00 | |
|--|--|---|----------------------|--|---|------------|
| Principal Place of Business 5515 SADDLEBACK COURT LADY LAKE FL 32159 2. Principal Place of Business | | Mailing Address 5515 SADDLEBACK COURT LADY LAKE FL 32159 3. Mailing Address | | | * (4 Balika bil Brija bila 184) 4 Balik Brija Ligik 4 Bil Bil Bil Bil 184 (4 14 14 14 14 14 14 14 14 14 14 14 | |
| | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | CHECK HERE IF MAKING CHANGES | |
| City & State | | City & State | | | 4. FEI Number 04-3688218 | 3 |
| Zip | Country | Country Zip (| | itry | Certificate of Status Desired | |
| | 6. Name and Address of Curr | rent Registered Agent | | | 7. Name and Address of New Registered Agent |]. |
| WISSLER, GEORGE L 5515 SADDLEBACK COURT LADY LAKE FL'32159 | | | | Street Ad | Address (P.O. Box Number is Not Acceptable) | |
| | | | . • | City | FL Zip Code | |
| | named entity submits this stateme ions of registered agent. | nt for the purpose of changing its | register | ed office or r | r registered agent, or both, in the State of Florida. I am familiar with, and accept | 7 |
| SIGNATURE | Signature, typed or printed name of registered a | noent and title if applicable. (NOT | E: Requisters | d Agent sloneture | ture required when reinstating) DATE | 1 |
| | | Make Check Payab Du | le to Fl e By M | FEE IS \$5 orlda Depa ay 1, 2003 | partment of State | 1 |
| 9. TITLE | MANAGING MEI | MBERS/MANAGERS Delete | 10. | <u> </u> | ADDITIONS/CHANGES MANAGER - PARTNER Change MAddition | 1 3 |
| NAME STREET ADDRESS CITY-ST-ZIP | | Delete | NAM STRE | E ET ADORESS | JENNIE L WISSLER 5515 SHODLE BACK CT LADY LAKE, FL 32159 | 7000 (407) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Defele | | E | MANAGER - PARTNER Change Addition GEORGE L. WISSLER 5515 SADDLE BACK CT LADY LAKE, FL 32159 | 1 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | Defeto - > | STRE | ET ADDRESS ST-ZIP | Change Addition_ | }- |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | ☐ Defete | title nam stre | | ☐ Change ☐ Addillon | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Celete | 4 | 1 | ☐ Change ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | | ☐ Change ☐ Addition | |
| 11. I hereby o | entify that the information supplied | with this filing does not qualify for | the exe | nption stated | ted in Section 119.07(3)(I), Florida Statutes, I further certify that the information | 1 |

1. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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:

- Sunga Vallasley ED

3/8/03

352-750-2385

Daytime Phone #