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Aug 18, 2003 8:00 am
Secretary of State
08-01-2003 90023 039 ****50.00

8

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000015213

1. Entity Name
LORDS OF COOL, L.L.C.

55054347

Principal Place of Business	Mailing Address
9600 VICTORIA LANE C/O ROBERT P. CANNIZZARO NAPLES FL 34109	9600 VICTORIA LANE C/O ROBERT P. CANNIZZARO NAPLES FL 34109

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 11-3699682 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GREUSEL, JAMIE B 1104 N. COLLIER BLVD. MARCO ISLAND FL 34145	Name Elizabeth B. Duke, Ph.D. Street Address (P.O. Box Number is Not Acceptable) 9600 Victoria Lane, #302-C City Naples FL Zip Code 34109

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 Elizabeth B. Duke, Dr. 7-29-03
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 September 24, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LAWYER JAMIE B GREUSEL 1104 NORTH COLLIER BLVD FLORIDA, MARCO ISLAND 34145 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AGENT OR MANAGER ELIZABETH B. DUKE PH.D 9600 VICTORIA LANE # 302 NAPLES FLORIDA 34109 ☒ 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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CR2E083 (4/03)

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: Robert P. Cannizzaro 7-29-03 (239) 564-9899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment

55054347

#L020000015213