FILED
Jun 02, 2003 8:00 am
Secretary of State
04-15-2003 90029 013 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

44003031

DOCUMENT # L02000015628

1. Entity Name
VOSTREJS & ASSOCIATES, LLC

Principal Place of Business
26 SOCO TRAIL
ORMOND BEACH FL 32174

Mailing Address
26 SOCO TRAIL
ORMOND BEACH FL 32174

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 444 Seabreeze Blvd.
Suite, Apt. #, etc.: Suite 435
City & State: Daytona Beach
Zip: 32118 Country: Volusia

3. Mailing Address: 23 PERUVIAN LANE
Suite, Apt. #, etc.:
City & State: ORMOND BEACH
Zip: 32174 Country: Volusia

4. FEI Number: 32-0019462 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
VOSTREJS, RANDALL J
26 SOCO TRAIL
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent
Name: RANDALL J. VOSTREJS
Street Address (P.O. Box Number is Not Acceptable): 23 PERUVIAN LANE
City: ORMOND BEACH FL Zip Code: 32174

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: [signature] DATE: 3-1-03
Signature, typed or printed name of registered agent and title if applicable. (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		
TITLE	~~[struck]~~ MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RANDALL J. VOSTREJS		NAME		
STREET ADDRESS	23 PERUVIAN Lane		STREET ADDRESS		
CITY-ST-ZIP	ORmond Beach, FL. 32174		CITY-ST-ZIP		
TITLE	~~[struck]~~ MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SLOANE M. VOSTREJS		NAME		
STREET ADDRESS	23 PERUVIAN LANE		STREET ADDRESS		
CITY-ST-ZIP	ORMOND Beach		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (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 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED [signature] 3-1-03 386-258-2624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #
RANDALL J. VOSTREJS