2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 03, 2003 8:00 am
Secretary of State
03-18-2003 90147 032 ****50.00

DOCUMENT # L02000016437

1. Entity Name
NWT, LLC

Principal Place of Business
~~10 NORTH CARTEGENA LANE~~
~~ROSEMARY BEACH FL 32461~~

Mailing Address
P.O. BOX 611127
ROSEMARY BEACH FL 32461 (- OK)

2. Principal Place of Business: 30 WATERCOLOR BLVD
Suite, Apt. #, etc.: Suite 201
City & State: Seagrove Beach FLORIDA
Zip: 32459 Country: USA

3. Mailing Address: PO BOX 611127
Suite, Apt. #, etc.
City & State: Rosemary Beach, FL
Zip: 32461 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 02-0630858 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
LAPLANTE, JON
~~10 NORTH CARTEGENA LANE~~
~~ROSEMARY BEACH FL 32461~~

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable): 30 WATERCOLOR BLVD. Suite 201
City: Seagrove Beach FL Zip Code: 32459

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: Jon LaPlante DATE: 2/20/03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LAPLANTE, JON ~~10 NORTH CARTEGENA LANE~~ ~~ROSEMARY BEACH FL 32461~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition PO BOX 611127 Rosemary Beach, FL, 32461
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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: Jon LaPlante SIGNATURE REQUIRED 2/20/03 (850) 231-0850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #