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Jun 25, 2003 8:00 am
Secretary of State
04-09-2003 90045 019 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000016645

44004985

1. Entity Name
HOUSE OF TRUTH, L.L.C

Principal Place of Business	Mailing Address
2309 MOUNTAIN SPRUCE ST. OCOEE, FL 34761	1746 E. SILVER STAR RD BOX 194 OCOEE, FL 34761

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	2309 Mountain Spruce Suite, Apt. #, etc.
City & State	Ocoee City & State FL
Zip / Country	Zip 34761 / Country USA

[redacted]

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 11-3164607 ☐ 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
ADRIEL, JESSICA L 2309 MOUNTAIN SPRUCE ST. OCOEE, FL 34761	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE

ENTITY

FILE NOW! - FEE IS $30.00!
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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Treasurer Joan Bonvicini 2309 Mountain Spruce St OCOEE FL 34761
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Secretary Joseph Bonvicini 2309 Mountain Spruce St. Ocoee, FL 34761
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition President Jessica Adriel 2309 Mountain Spruce St Ocoee, FL 34761
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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Jessica Adriel 3/10/03 407-905-9356
SIGNATURE AND PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — DATE — TELEPHONE NUMBER