LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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FILED
Jul 10, 2003 8:00 am
Secretary of State
04-07-2003 90010 036 ****50.00

DOCUMENT # L02000018996

1. Entity Name
Cyber Criminals Most Wanted LLC

DO NOT WRITE IN THIS SPACE

33030700

44004788

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2. Principal Place of Business	3. Mailing Address
26765 Ash Rd NW	P.O. Box 2878
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: La Belle, Florida	City & State: La Belle, Florida
Zip: 33935 Country: Glades	Zip: 33975 Country: Hendry

4. FEI Number 56-2289253 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: VICTORIA RODDEL
Street Address (P.O. Box Number is Not Acceptable): 26765 Ash Rd NW
City: La Belle FL Zip Code: 33935

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.

SIGNATURE: [signature] DATE: July 3, 2003
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MANAGER
NAME	VICTORIA RODDEL
STREET ADDRESS	26765 Ash Rd NW
CITY-ST-ZIP	La Belle, FL 33935
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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] July 3, 2003 863-675-0955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #