ATX1

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000019099

1. Entity Name

DISCERNING, LLC

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FILED

03 OCT 24 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900024281279
10/30/03--01015--025 **50.00

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2. Principal Place of Business	3. Mailing Address
376 OLD COUNTRY ROAD	376 Old Country Road
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: WELLINGTON, FL	City & State: Wellington, FL
Zip: 33414 Country: USA	Zip: 33414 Country: USA

4. FEI Number: 11-3644632 ☐ 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: Marc Karran
Street Address (P.O. Box Number is Not Acceptable): 376 Old Country Road
City: Wellington FL Zip Code: 33414

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] MANAGING MEMBER DATE 10/2/2003

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	MANAGING MEMBER
NAME	Joanna Gillett
STREET ADDRESS	376 Old Country Road
CITY-ST-ZIP	Wellington, FL 33414
TITLE	MANAGING MEMBER
NAME	Marc Karran
STREET ADDRESS	376 Old Country Road
CITY-ST-ZIP	Wellington, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E083B (12/02)

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] 10/2/2003 561-791-8466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #