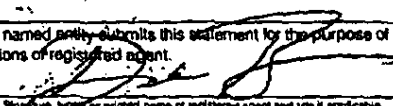


FILED
Jul 07, 2003 8:00 am
Secretary of State

5/20/2

05-20-2003 90026 039 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000019208					
1. Entity Name DERECK BALBONTIN, LLC					
Principal Place of Business 201 W. LAUREL STREET, #807 TAMPA FL 33602			Mailing Address 201 W. LAUREL STREET, #807 TAMPA FL 33602		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 16-1666014	
				☐ Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BALBONTIN, DERECK 201 W. LAUREL STREET, #807 TAMPA FL 33602				7. Name and Address of New Registered Agent	
				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  14 May 2003 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when resigning)					
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 Page member Dereck Balbontin 201 W. Laurel St. #807 Tampa FL 33602			☐ 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		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			☐ Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			☐ Change ☐ Addition		
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 606, Florida Statutes.					
SIGNATURE:  SIGNATURE REQUIRED 14 May 2003 (413) 503-3727 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

CP2003 (10/02)