FILED
Jul 31, 2003 8:00 am
Secretary of State

04-11-2003 90012 007 ****50.00

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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000019322

1. Entity Name
THE PACKINGHOUSE OF SARASOTA, L.L.C.

55052816

Principal Place of Business	Mailing Address
P.O. BOX 20196 SARASOTA FL 34276	P.O. BOX 20196 SARASOTA FL 34276
511 INTERSTATE CT	PO 20196, SARASOTA
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA, FL	City & State: SARASOTA, FL
Zip: 34276 Country: US	Zip: 34276 Country: US

[redacted]

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BONE, DAVID D.
100 WALLACE AVE., SUITE 100
SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name: AARON GINGERICH
Street Address (P.O. Box Number is Not Acceptable): 511 INTERSTATE CT
City: SARASOTA FL Zip Code: 34276

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] AARON GINGERICH 4/7/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	PRES AARON GINGERICH PO 20196 SARASOTA, FL 34276 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E033 (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: [signature] SIGNATURE REQUIRED 4/7/03 941 342-0456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #