FILED Feb 27, 2003 8:00 am Secretary of State

2003 LIMI	TED LIABI	LITY C	OMF	YNA
UNIFORM	BUSINESS	REPO	RT (UBR)

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 Entity Name 	MENT # LO20000 TNERS, LLC	19661			Tools					
		Maring Address	•	<u> </u>						
Principal Place of Business 31005 EDGEWOOD ROAD PEPPER PIKE OH 44124		Mailing Address 31006 EDGEWOOD ROAD PEPPER PIKE OH 44124							,	
•		•				CII B ii Ba nda 20 070 28 000 33 010	H ada Mar a Masa	1981 3 848 38	181 H31 H32	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES						
City & State		City & State		4. FEI Num	ber 1767 465			oplied For of Applicable	,	
Zip	Country	Zip	Cour	itry	5. Certifica	te of Status Desired		5.00 Add		
	6. Name and Address of Current R	egistered Agent			7. Name at	nd Address of New Re	gistered Age	ent		∱
				Name	· · · · · · · · · · · · · · · · · · ·				-:	7-
MCARDLE, MICHAEL W ESQ ROETZEL & ANDRESS 850 PARK SHORE DR			Į		ss (P.O. Box Number is Not Acceptable)				1 .	
	LES FL 34103		-				•			
V 2				City			FL	Zip Cod	e .	7
	named entity submits this statement for ions of registered agent.	the purpose of changing	its register	ed office or regis	tered agent, or b	ooth, in the State of Flor	ida. I am fan	nillar with,	and accept	1
CICNATURE	Signature, typed or printed name of registered agent an	d title if annicable (f)	OTF: Semistera	d Agent signature requ	ired when minstating)		DATE			
	agriculta, types of privite interior registerior agent ar									1
•		Make Check Pays	ble to Flo	FEE IS \$50.00 orida Departm ay 1, 2003						
9.	MANAGING MEMBERS/MANAGERS		10.			ADDITIONS/	CHANGES			- -
TITLE	MGR	☐ Delete	עווו				Ċ	Change	Addition	[§
NAME	CONVERSE, CHANDLER B JR		NAM	E TET ADDRESS	•					15
STREET ADDRESS CITY-ST-ZIP	31005 EDGEWOOD ROAD PEPPER PIKE OH 44124			-ST-ZIP						CR2E083 (10/02)
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NAME	,	— ++·***	· NAME		*			•		
STREET ADDRESS				ET ADDRESS						ľ
CITY-ST-ZIP	partifu that the information accounting with a	is filing does not avails.		-ST-ZIP	Section 119 07/2	Vi). Florida Standas III	further cortific	that the i-	Morentico	-
indicated imited lia	pertify that the information supplied with it on this report is true and accurate and it bility company or the receiver or trustee e	nat my signature shall have empowered to execute the	ve the same is report as	legal effect as if required by Cha	made under oal pter 608, Florida	h; that I am a managin Statutes.	ng member o	r manage	r of the	
	1 1/1/2/2020]