FILED
Aug 04, 2003 8:00 am
Secretary of State
08-04-2003 90098 016 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

90148525

DOCUMENT # L02000019835

1. Entity Name
THE EMPIRE GROUP, LLC

Principal Place of Business	Mailing Address
467 INLAND WAY ATLANTIC BEACH, FL 32233	467 INLAND WAY ATLANTIC BEACH, FL 32233

[redacted]

2. Principal Place of Business	3. Mailing Address
2308 BAREFOOT TRACE	2308 BAREFOOT TRACK
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ATLANTIC BEACH, FL	City & State: ATLANTIC BEACH, FL
Zip: 32233 Country: USA	Zip: 32233 Country: USA

X CHECK HERE IF MAKING CHANGES

4. FEI Number: 83-0343441 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
SLAGLE, WILLIAM G
467 INLAND WAY
ATLANTIC BEACH, FL 32233

7. Name and Address of New Registered Agent
Name: WILLIAM G. SLAGLE
Street Address (P.O. Box Number is Not Acceptable): 2308 BAREFOOT TRACK
City: ATLANTIC BEACH FL Zip Code: 32233

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: William G Slagle — July 17, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

Make Checks 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	☐ Delete	TITLE C.E.O. and President NAME WILLIAM G. SLAGLE STREET ADDRESS 2308 BAREFOOT TRACE, ATLANTIC BEACH, FL 32233 CITY-ST-ZIP	☐ Change X 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E065 (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: William G Slagle — July 17, 2003 — 904-241-7650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #