2003 LIMITED LIABILITY COMPAÑY

UNIFORM BUSINESS REPORT/(UBR) DOCUMENT # L02000024731

Aug 07, 2003 8:00 am Secretary of State

07-25-2003 90066 021 ****50.00 01-10-2003 90002 032 ****50.00

MOUNTAIN TIME, L.L.C. Principal Place of Business Mailing Address 55053511 C/O JOHN D. WHELCHEL C/O JOHN D. WHELCHEL 4722 NW BOCA RATON BOULEVARD 4722 NW BOCA RATON BOULEVARD **BOCA RATON FL 33431** BOCA RATON FL 33431 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. # etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH BILL TUR. ESO Street Address (P.O. Box Number is Not Acceptable) C/O BILL T. SMITH, JR. P.A. 980 N. FEDERAL HIGHWAY, SUITE 402 **BOCA RATON FL 33432** Zip Code 8. The above named entity ging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGRM TITLE Delete TITLE ☐ Change Addition CR2E083 (4/03 WHELCHEL, JOHN D. NAME NAME STREET ADDRESS STREET ADORESS 4722 NW BOCA RATON BOULEVARD CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** TITLE ☐ Deteto TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITO F Delete TIT! F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-712 TITLE TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE . Change □ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the Information supplied with this filling 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE



FLORIDA AQUASTORE

55053511 +10200024731

FLORIDA DEPARTMENT OF STATE Glenda E. Hood RECEIVED RECEIVED

Secretary of State

July 29, 2003

MOUNTAIN TIME, L.L.C. C/O JOHN D. WHELCHEL 4722 NW BOCA RATON BOULEVARD BOCA RATON, FL 33431

Subject: MOUNTAIN TIME, L.L.C.

Reference Number:

L02000024731

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$100.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/gs ANNUAL REPORTS SECTION