APPROVED AND FILED

05-07-2003 90043 036 ****50.00
L02000028697

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

03 JUN 17 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

44003978

DOCUMENT # L02000028697

1. Entity Name
WHIDDON ENTERPRISES, LLC

Principal Place of Business
2950 NW 23RD COURT → N.E.
POMPANO BEACH FL 33062

Mailing Address
2950 NW 23RD COURT N.E.
POMPANO BEACH FL 33062

[redacted]

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 2950 NE 23rd Ct
Suite, Apt. #, etc.
City & State: Pompano Bch FL.
Zip: 33062 Country: Broward

3. Mailing Address: Same
Suite, Apt. #, etc.
City & State: Same
Zip Country

4. FEI Number: 38-3663285 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
~~SACHER, CHARLES P~~
~~2655 LEJEUNE ROAD STE. 1101~~
~~CORAL GABLES FL 33134~~

7. Name and Address of New Registered Agent
Name: S. JAYNE Whiddon
Street Address (P.O. Box Number is Not Acceptable): 2950 N.E. 23rd Court
City: Pompano Bch FL Zip Code: 33062

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: S. JAYNE WHIDDON S. Jayne Whiddon 6/4/03
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	MGR WHIDDON, W. CLARK 2950 NW 23RD COURT → N.E. POMPANO BEACH FL 33062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR. S. Jayne Whiddon 2950 NE 23rd Ct Pompano Bch FL. 33062	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (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: W. [signature] SIGNATURE REQUIRED 4/30/03 954-786-8558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #