2003 LIMITED LIABILITY COMPANY

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

FILED Feb 21, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR Secretary of State DOCUMENT # L02000030768 1. Entity Name 02-21-2003 90022 009 ****50.00 **BRENDA SINGER FAMILY LLC** Principal Place of Business Mailing Address C/O HAROLD SINGER C/O HAROLD SINGER 5881 COLONY COURT 5881 COLONY COURT BOCA RATON FL 33433 **BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address 5881 Coluny 5881 Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State FEI Number Applied For 800 CM BOCK MN 58 236 2501 Not Applicable \$5.00 Additional 5. Certificate of Status Desired . BEAG PA/MBEAC Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SINGER, HAROLD 5881 COLONY COURT **BOCA RATON FL 33433** 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 (NOTE: Registered Agent signature required when reinstating) 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 HAROLD SINGER Delete TITLE Change ☐ Addition NAME PRES 5881 COLONY CT NAME STREET ADDRESS STREET ADDRESS BOCA RATON, CITY-ST-ZIP CITY-ST-ZIP TITLE DIRC CTON TITLE Genald Singer Director 321 NARBOR PRINTE CIRCLE DULUTH MINN 55802 ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . TITLE Merle Singer TITLE ☐ Change Addition NAME NAME 919 SWEETWATER STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BORD RATON F/ CITY-ST-ZIP SHARON SeileR ☐ Delete TITLE ☐ Change ☐ Addition NAME 74 CACLE BAY DR DIRECTOR NAME STREET ADDRESS STREET ADDRESS Vero Beach El CITY-ST-ZIP CITY-ST-ZIP TITLE MARILYN Model ☐ Delete TITLE ☐ Change ☐ Addition NAME 2200 NW NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 32603 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

G MEMBER, MANAGER, OR AUTHORIZED

Daytime Phone #