FILED

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Feb 19, 2003 8:00 am Secretary of State DOCUMENT # L02000030818 02-19-2003 90001 035 ****50.00 1. Entity Name RUVELT, L.L.C. Principal Place of Business Mailing Address 676 CRICKLEWOOD TERRACE 676 CRICKLEWOOD TERRACE HEATHROW FL 32746 HEATHROW FL 32746 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number 11-366 4151. City & State City & State Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired _____ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GASSMAN, ALAN S 1245 COURT STREET STE. 102 Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 33756** City Zip Code 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, 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 MGR TITLE TITLE □ Delete Change Addition RUVEL, RICHARD G. RUVELL, RICHARD NAME NAME STREET ADDRESS 676 CRICKLEWOOD TERRACE STREET ADDRESS CITY-ST-ZIP HEATHROW FL 32746 CITY-ST-ZIP MGR ☐ Delete TITLE ☐ Change ☐ Addition NAME **VELT. JOHN MICHAEL** NAME STREET ADDRESS 676 CRICKLEWOOD TERRACE STREET ADDRESS CITY-ST-ZIP **HEATHROW FL 32746** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITI F ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7iP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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: SIGNATURE AND TYPED OF PRINTED NAME OR AUTHORIZED REPRESENTATIVE

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