ED LIABILITY COMPANY

SIGNATURE:

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # Lo20000 30849 1. Entity Name FILED COOL BREEZE TRUCKING LLC 03 SEP -8 PM 3: 23 DO NOT WRITE IN THIS SPACE SECRETARY OF SIME 2. Principal Place of Business 3. Mailing Address 10203 GIENMOOR DRIVE Suite, Apt. #, etc. Suite, Apt. # etc. DO NOT WRITE IN THIS SPACE City & State PAIM BCH 4. FEI Number Applied For City & State 61-1432029 Country 5 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent YAZ HART DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 10203 GLENMOOR DRIVE LDEST . BCH rose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept JAY E HART 8. The above named entity submits this statement for the the obligations of re-MEMBER SIGNATURE FEE IS \$50.00 Make Check Payable to Florida Department of State **DUE BY MAY 1** MORN TITLE TITLE CR2E083B (12/02 JAY E NAME NAME 10203 GIENMOOR DRIVE STREET ADDRESS STREET ADDRESS WEST PAIM BOH FL City-S1-ZiP CITY-ST-ZIP TITLE TITLE 100022821751 09/08/03--01024--001 \*\*150.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY - ST - ZIP TITI F IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME 🤝 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP TILLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-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 as execute this report as required by Chapter 608, Florida Statutes. TAAK 3 KAC