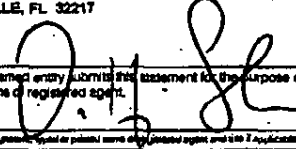
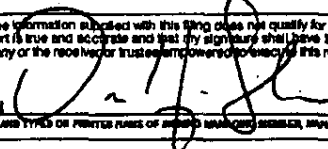


FILED
May 29, 2003 8:00 am
Secretary of State

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05-02-2003 90756 027 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000031755					
1. Entry Name SHUCOM FPC, LLC					
Principal Place of Business 2650 DEAN ROAD JACKSONVILLE, FL 32216			Mailing Address 2650 DEAN ROAD JACKSONVILLE, FL 32216		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 47-0899421 Applied For ☐ Not Applicable ☐	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent BOATRIGHT, SCOTT R ESQ. SHEFFIELD & BOATRIGHT 4209 BAYMEADOWS ROAD, SUITE 4 JACKSONVILLE, FL 32217			7. Name and Address of New Registered Agent Name David Shuman Street Address (P.O. Box Number is Not Acceptable) 2650 Dean Rd. City Jacksonville FL Zip Code 32216		
8. The above named entry 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  DATE 4/30/03					
NOTE: Registered Agent's name must be printed in this space.					
					
B. MANAGING MEMBERS/MANAGERS			C. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 record holder trustee and owner of record of this report as required by Chapter 606, Florida Statutes. SIGNATURE:  DATE 4/30/03 SIGNATURE AND TYPED OR PRINTED NAMES OF ALL MANAGING MEMBERS, MANAGER, OR AUTHORIZED REPRESENTATIVE					

44002922

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FEI#:

47-0899421



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **47-0899421** Applied For ☐ Not Applicable ☐

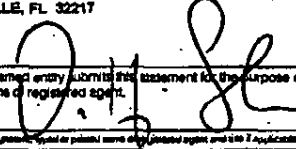
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BOATRIGHT, SCOTT R ESQ.
SHEFFIELD & BOATRIGHT
4209 BAYMEADOWS ROAD, SUITE 4
JACKSONVILLE, FL 32217

7. Name and Address of New Registered Agent
Name **David Shuman**
Street Address (P.O. Box Number is Not Acceptable)
2650 Dean Rd.
City **Jacksonville** FL Zip Code **32216**

8. The above named entry 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  DATE **4/30/03**

NOTE: Registered Agent's name must be printed in this space.



B. MANAGING MEMBERS/MANAGERS

C. ADDITIONS/CHANGES

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CITY-ST-ZIP

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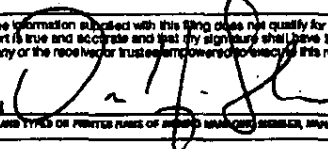
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SIGNATURE:  DATE **4/30/03**

SIGNATURE AND TYPED OR PRINTED NAMES OF ALL MANAGING MEMBERS, MANAGER, OR AUTHORIZED REPRESENTATIVE