LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2003 8:00 am
Secretary of State
09-02-2003 90123 012 ****50.00

DOCUMENT # L02000032115

1. Entity Name

SUMMIT CONSULTING GROUP, LLC

DO NOT WRITE IN THIS SPACE

55056736

2. Principal Place of Business	3. Mailing Address
1012 Jeffery St.	1012 Jeffery St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton FL	City & State: Boca Raton
Zip: 33487 Country: USA	Zip: 33487 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 14-1865950 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Alfred A. Kaplinski Jr.

Street Address (P.O. Box Number is Not Acceptable)

1012 Jeffery St.

City: Boca Raton FL Zip Code: 33487

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: Alfred A. Kaplinski Jr. DATE: 8-5-03
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS	
TITLE	Vice President
NAME	Odalys Kaplinski
STREET ADDRESS	1012 Jeffery St.
CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	President
NAME	Alfred A. Kaplinski JT.
STREET ADDRESS	1012 Jeffery St.
CITY-ST-ZIP	Boca Raton FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

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: Alfred A. Kaplinski 8/20/03 561-997-7180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #