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Secretary of State

04-07-2003 90615 045 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000032228

30049506

1. Entity Name
DENALI KNOWLEDGE, LLC

Principal Place of Business	Mailing Address
1180 E. HALLANDALE BEACH, BLVD. SUITE A HALLANDALE, FL 33309	1180 E. HALLANDALE BEACH, BLVD. SUITE A HALLANDALE, FL 33309

[redacted]

2. Principal Place of Business	3. Mailing Address
1380 NE Miami Gardens Dr	1380 NE Miami Gardens Dr
Suite, Apt. #, etc. 272	Suite, Apt. #, etc. 272
City & State North Miami Beach, FL.	City & State North Miami Beach, FL.
Zip 33179 Country USA	Zip 33179 Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 57-1154717 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SALVER, PAUL 5881 NW 151 STREET SUITE 101 MIAMI LAKES, FL 33014	Name MANN + WOLF, LLP Street Address (P.O. Box Number is Not Acceptable) 4300 N. UNIVERSITY DR. #C-203 City FT. LAUDERDALE FL Zip Code 33351

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 [signature] 3/24/03
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGG/MEMBER MARTA LEDERMAN RUS 1380 N.E. MIAMI GARDENS DR. #272 NORTH MIAMI BEACH FL 33179 ☐ 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

CR2E083 (10/02)

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: [signature] 4/2/03 (305) 799-4377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #