AMENDED

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

09-22-2003 90104 037 ****50.00
L02000034051

DOCUMENT # L02000034051

1. Entity Name

HILLER EQUIPMENT, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 25 PM 4:01

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5321 Memorial Hwy Suite, Apt. #, etc.	5321 Memorial Hwy Suite, Apt. #, etc.
City & State: Tampa FL	City & State: Tampa FL
Zip: 33634 Country: Hillsborough	Zip: 33634 Country: Hillsborough

DO NOT WRITE IN THIS SPACE

4. FEI Number: ~~02-~~ 02-0662462 ☐ 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: Martin H. Hiller

Street Address (P.O. Box Number is Not Acceptable): 5321 Memorial Hwy

City: Tampa FL Zip Code: 33634

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: Martin H. Hiller 9/18/03
Signature, typed or printed name of registered agent and title if applicable. DATE

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

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR
NAME	Martin H. Hiller
STREET ADDRESS	5321 Memorial Hwy
CITY-ST-ZIP	Tampa FL 33634
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Martin H. Hiller Martin H. Hiller 9/18/03 813-882-3313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #