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Secretary of State
02-27-2003 90001 049 ****50.00

55017406

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000034339

1. Entity Name
4902 TAMARAC LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
M&T BANK, ONE M&T PLAZA	M&T BANK, ONE M&T PLAZA
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BUFFALO, NEW YORK	City & State: BUFFALO, NEW YORK
Zip: 14203 Country: USA	Zip: 14203 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1572105 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: HRAWG CORP.

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

1801 N. MILITARY TRAIL, SUITE 200

City: BOCA RATON FL Zip Code: 33431

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 _____ DATE
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Carol S. Roszell 517 Valley View Dr., Mount Vernon, MO 65712	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Susan E. Kreiser 3804 Wilderness Dr. East, Ft. Pierce, FL 34982	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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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: Manufacturer's and Traders Trust Company, One M&T Plaza, c/o Thomas Passek, Trust Dept. (716) 842-5527

SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #