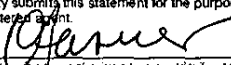
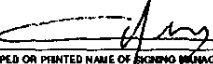


****AMENDED****

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

DOCUMENT # L02000035105			
1. Entity Name AUTREMENT, LLC			
Principal Place of Business 1400 WEST FAIRBANKS AVENUE, STE. 102 WINTER PARK, FL 32789		Mailing Address 1400 WEST FAIRBANKS AVENUE, STE. 102 WINTER PARK, FL 32789	
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 02-0672625		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FARNER, CECILIA 1400 WEST FAIRBANKS AVENUE, STE. 102 WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  As of 2/25/03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE			
FILE NOW!!! FEE IS \$40.00 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	MGRM GERVY, RICHARD 2428 MANDAN TRAIL WINTER PARK, FL 32789 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GERVY, DANIELLE 2428 MANDAN TRAIL WINTER PARK, FL 32789 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Eric Gervy 895 South Wymore Rd. Apt. 985 Altamonte Springs, FL 32714 ☐ 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
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
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 606, Florida Statutes.			
SIGNATURE: 		As of 2/25/03 5407-599-6761	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

**AMENDED
2003 UBR**

FILED
03 SEP 12 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
100023173471
09/18/03--01061--012 **\$0.00

OK



☐ CHECK HERE IF MAKING CHANGES

CR2E003 (1/002)