LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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FILED
May 26, 2004 8:00 am
Secretary of State
04-26-2004 90035 048 ****50.00

DOCUMENT # L03000011822

1. Entity Name
Three Dogs, LLC

DO NOT WRITE IN THIS SPACE

34007616

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2. Principal Place of Business	3. Mailing Address
2810 Shorer Road	1310 Parga Street
Suite, Apt. #, etc.: 24 and 25	Suite, Apt. #, etc.:
City & State: Tallahassee FL	City & State: Tallahassee, FL
Zip: 32312 Country: USA	Zip: 32304 Country: USA

4. FEI Number: 90-0064245 ☐ 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: Jill M. St. Angelo

Street Address (P.O. Box Number is Not Acceptable): 1310 Parga Street

City: Tallahassee FL Zip Code: 32304

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: Jill M. St. Angelo — April 21, 2004
Signature, type 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	Manager ~~Owner~~ MGMR
NAME	Jill St. Angelo
STREET ADDRESS	1310 Parga Street
CITY-ST-ZIP	Tallahassee, Florida 32304
TITLE	~~Owner~~ MGMR
NAME	Kenneth W. Martin
STREET ADDRESS	1310 Parga Street
CITY-ST-ZIP	Tallahassee, Florida 32304
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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: Jill M St. Angelo — April 21, 2004 — 386 4750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #