2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 08, 2004 8:00 am Secretary of State **DOCUMENT # L03000046039** 01-08-2004 90100 038 ****50 00 1. Entity Name CHARLES F. TINDER LLC Principal Place of Business Mailing Address 51 PARK LANE 51 PARK LANE DEBARY, FL 32713 US DEBARY, FL 32713 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01052004 Chg-LLC CR2E083 (10/03) Applied For 4. FEI Number City & State City & State 55-0853791 Not Applicable \$5.00 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TINDER, CHARLES F Street Address (P.O. Box Number is Not Acceptable) 51 PARK LANE DEBARY, FL 32713 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2004 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. ☐ Change ☐ Addition ☐ Delete TITLE TITI F TINDER, CHARLES F NAME NAME STREET ADDRESS STREET ADDRESS 51 PARK LANE DEBARY, FL 32713 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Change TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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. MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

LARIES F. TINDER

FILED