To: From: Spiegel & Utrera

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2006 8:00 am
Secretary of State
05-23-2006 90053 022 ****55.00

DOCUMENT # L05000057015

1. Entity Name

INSPIRED DEVELOPMENT GROUP, LLC

DO NOT WRITE IN THIS SPACE

20046203

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9341 NUGENT TRAIL Suite, Apt. #, etc.	9341 NUGENT TRAIL Suite, Apt. #, etc.
City & State: WEST PALM BEACH, FL	City & State: WEST PALM BEACH FL
Zip: 33411 Country: USA	Zip: 33411 Country: USA

4. FEI Number: 20-2981847 ☐ 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: Spiegel & Utrera, P.A.

Street Address (P.O. Box Number Is Not Acceptable): 1840 Coral Way, 4th Floor

City: Miami FL Zip Code: 33145

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable

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

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/MGRM BRENT CYMBALSKI 34262 ASPEN PARK CHESTERFIELD, MI 48047	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT/MGRM MITCHELL PRIME 9341 NUGENT TRAIL WEST PALM BEACH FL 33411	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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: MITCHELL PRIME 5.15.06 561-784-9450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #