2008 LIMITED LIABILITY COMPANY

DOCUMENT # L07000081107

FILED Jan 14, 2008 8:00 am Secretary of State 01-14-2008 90040 026 ***138.75

BLAĆK C	REEK POTTERY, LLC					01-14-2000	, , , , , , , , , , , , , , , , , , , ,	,20 15	0.75
Principal Place of Business 1765 OAK GROVE DR. S. GREEN COVE SPRINGS, FL 32043		Mailing Address 1765 OAK GROVE DR. S. GREEN COVE SPRINGS, FL 32043			6000106				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072008	Chg-LLC	CR2E	083 (12/06)		
City & State		City & State		4. FEI Numb	er 04732	33		optied For ot Applicable	
Zíp	Country	Zip	Zip Country		5. Certificate	of Status Desired		\$5.00 Add Fee Require	ditional d
	- 6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New i	Registered	Agent	
			Ì	Name					
1765 OAK	, BARBARA J GROVE DR. S. OVE SPRINGS, FL 32043		Street Ac		(P.O. Box Numb	er is Not Acceptab	le)		
	ý.		Ĵ	City			FL	Zip Cod	e
	named entity submits this statement fi	for the purpose of changing its	registere	d office or registe	ered agent, or bo	oth, in the State of F		familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title (applicable (NOT)	F: Recustered	I Agent signature require	rd when renetation)		DATE		
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75									
		75					ke check ρ la Departm	payable to sent of Stat	e
After May	7 1, 2008 Fee will be \$538.7		1 10			Florid	la Departm	ent of Stat	e
After May	7 1, 2008 Fee will be \$538.7	BERS/MANAGERS	10.			Florid		ent of Stat	
9.	MANAGING MEME		TITLE	į.		Florid	la Departm	ent of Stat	Addition
After May	7 1, 2008 Fee will be \$538.7	BERS/MANAGERS	TITLE NAME	į.		Florid	la Departm	ent of Stat	
9. TITLE NAME	MANAGING MEME MGR CORNETT, BARBARA J	BERS/MANAGERS	TITLE NAME STREE			Florid	la Departm	ent of Stat	
9. TITLE NAME STREET ADDRESS	MANAGING MEME MGR CORNETT, BARBARA J 1765 OAK GROVE DR. S.	BERS/MANAGERS Delete	TITLE NAME STREE	et address -st-zip		Florid	la Departm	Change	☐ Addition
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.