| 2000 | UNIFURM BUS | INESS NEFT | /NI | (OPN) | _ | | | |
|---|--|-------------------------------|----------------|----------------------------------|---|-----------------------------------|---------------------------------------|-----------------------------|
| DOCUMENT # L9300000394 1. Entity Name | | | | | | FII. | Trin | |
| SUPER-MIAMI OF DADE COUNTY, L.C. | | | | | SECRETARY OF STATE DIVISION OF CORPORATIONS | | | |
| Principal Place of Business Mailing Address | | | | | 1 | 00 SEP -8 | AM In- na | Ty. |
| 11739 S. DIXIE HWY. P.O. BOX 5577 MIAMI FL 33156 CONCORD CA 94524 US | | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | |
| City & State | | City & State | | | 4. FEI N | umber 65-0457129 | h | pplied For ot Applicable |
| Zip Country | | Zip | Zip Coun | | 5. Certif | cate of Status Desired | \$5.00 Ad Fee Require | |
| 6. Name and Address of Current Registered Agent | | | <u> </u> | Name | 7. Name | and Address of New Regist | ered Agent | |
| ECLIPMANI EVANI M | | | | | (DO Downle | | | |
| 5975 SUNSET DRIVE, SUITE 302 S. MIAMI FL 33143 | | | | Street Address (| (F.O. BOX N | umber is Not Acceptable) | · · · · · · · · · · · · · · · · · · · | |
| O: 1/11/1/11 | 16 00140 | | | | | | FL Zip Coo | de |
| 8. The above | named entity submits this statement fo | r the purpose of changing it | s register | ed office or register | red agent, c | or both, in the State of Florida. | | |
| SIGNATURE . | AND THE STATE OF T | S | | | | | | |
| SIGNATURE . | Signature, typed or printed name of registered agent a | and title if applicable. (NO | TE: Registere | d Agent signature required | d when reinstatin | g) | DATE | |
| | | 4 | | FEE IS \$50.00 o Department o | of State | | | |
| 9. | MANAGING MEMBE | RS/MANAGERS | 10. | | | ADDITIONS/CHA | NGES | |
| TITLE | MMGR | ☐ Delete | TITL | | - ······ · · · · · · · · · · · · · · · | | ☐ Change | Addition |
| NAME ECENBARGER, KATHRYN STREET ADDRESS 2190 MERIDIAN PARK BLVD., S | | UITE Q | | EET ADDRESS | | 8000033 Ns/19/1:- | 91208 1001042- | |
| CITY-ST-ZIP | CONCORD CA 94520 | | | -ST-ZIP | | | _00*** | ±50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | mmgr Staples, Helen 2190 meridian Park Blvd., Sl Concord ca 94520 | JITE Q | 1 | ` | | | ☐ Change | ☐ Addition |
| TITLE NAME | MMGR | Delete | TITLE | | | | Change | Addition |
| STREET ADDRESS CITY-ST-ZIP | gore, betty 2190 Meridian Park Blvd., Sl Concord ca 94520 | JITE Q | STRE | EET ADDRESS '-ST-ZIP | | | | |
| TITLE | M | Delete | TITLE | | | | ☐ Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | MEYERS, MELVENE % 2190 MERIDIAN PARK BLVD., CONCORD CA 94520 | SUITE Q | STRE | EET ADDRESS -ST-ZIP | | | | |
| TITLE NAME | М | Belete | TITLE | | | | ☐ Change | Addition Addition |
| STREET ADDRESS C!TY-ST-ZIP | PARKER, BURNARD % 2190 MERIDIAN PARK BLVD., CONCORD CA 94520 | SUITE Q | STRE | ET ADDRESS -ST-ZIP | | | | |
| TITLE NAME | М | Delete | TITLE | | | | Change | Addition |
| STREET ADDRESS CITY-ST-ZIP | STREET ADDRESS % 2190 MERIDIAN PARK BLVD., SUITE Q | | | EET ADDRESS -ST-ZIP | | | | |
| 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 seceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | | | | |
| v* | Alendoh. | | 1⊃⁄1=# | an lun 1 | 1. | N 8-8 | -0/) | |
| SIGNAT | | ITED NAME OF SIGNING MANAGING | MEMBER C | OR MANAGER | ye | Date Date | Daytime Phone # | |