2000 UNIFORM BUSINESS REPORT (UBR)

CITY-ST-ZIP

FILED Feb 04, 2000 08:00 AM DOCUMENT # L9900002489 1. Entity Name **Secretary of State** BLACK ROCK TECHNOLOGIES, LLC Principal Place of Business Mailing Address 11532 WILLOW GARDENS DRIVE 11532 WILLOW GARDENS DRIVE WINDERMERE FL WINDERMERE FL 34786 34786 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 Number Applied For 59-3572591 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERKSON 1132 SYMONDS AVENUE Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL. 32789 US 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. 02/04/2000 SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 9. 10. ADDITIONS/CHANGES TITLE MGR Delete ☐ Change ☐ Addition NAME BLACK ROCK TECHNOLOGIES, INC. STREET ADDRESS 11532 WILLOW GARDENS DRIVE STREET ADDRESS CITY-ST-ZIP WINDERMERE FL 34786 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.