2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L99000002902

1. Entity Name
KOSTKA, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -1 AM 10:54

Principal Place of Business	Mailing Address
2085 A1A SOUTH. #104 ST AUGUSTINE FL 32084	2085 A1A SOUTH. #104 ST AUGUSTINE FL 32084-6505

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4475 US 1 South	4475 US 1 South
Suite, Apt. #, etc. #503	Suite, Apt. #, etc. #503
City & State	City & State
Zip 32086 / Country	Zip 32086 / Country

4. FEI Number 59-3576682 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALKER, JAMES V 217 PONTE VEDRA PARK DRIVE, SUITE 200 PONTE VEDRA BEACH FL 32082	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

mf 3/14/00

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOSTKA, GREGORY L 2085 A1A SOUTH, SUITE 104 ST AUGUSTINE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 700003172967--9 -03/16/00--01082--010 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: SIGNATURE RECEIVED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)