2000 UNIFORM BUSINESS REPORT (UBR)

LLC APPROVED AND FILED

00 MAY -4 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004535

1. Entity Name

PIONEER MISSION GROUP LLC

Principal Place of Business

771 N. Pine Island Rd
#106
Plantation, FL 33324

Mailing Address

2. Principal Place of Business	3. Mailing Address
11110 W. Oakland Park Blvd	11110 W. Oakland Park Blvd
Suite, Apt. #, etc.: #226	Suite, Apt. #, etc.: #226
City & State: Sunrise, FL	City & State: Sunrise, FL
Zip: 33351 Country: Broward	Zip: 33351 Country: Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0934973 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Michael Turner
771 N. Pine Island Rd #106
Plantation, FL 33324

7. Name and Address of New Registered Agent

Name: Michael Turner
Street Address (P.O. Box Number is Not Acceptable): 11110 W. Oakland Park Blvd #226
City: Sunrise FL Zip Code: 33351

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] Michael Turner, manager — DATE 4.25.00

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

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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE: Manager NAME: Michael Turner STREET ADDRESS: 11110 W. Oakland Park Blvd. #226 CITY-ST-ZIP: Sunrise, FL 33351	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 600003274336--5 -06/02/00--01012--015 *****55.00 *****55.00	☐ Change ☐ Addition
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CR2E083 (11/99)

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] Michael Turner, manager — Date 4.25.00 — Daytime Phone # 954.236.5466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER