2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Mar 17, 2003 8:00 am Secretary of State DOCUMENT # L9900007071 1. Entity Name 03-17-2003 90002 033 ****50.00 CHARCOAL WORKS, L.L.C. Principal Place of Business Mailing Address 520 NORTH OCEAN BLVD., NO. 12 520 NORTH OCEAN BLVD., NO. 12 POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0963626 Applied For Zip Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent CHURCH, GLENDA 520 N. OCEAN BLVD. #12 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33062 City 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. I am familiar with, and accept 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 Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE Delete TITLE ☐ Change NAME CHURCH, GLENDA ☐ Addition NAME STREET ADDRESS 520 NORTH OCEAN BLVD., NO. 12 STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33062 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ALLER WILLIAMS STREET CITY-ST-7IP TITLE ☐ Delete TITLE Change NAME Addition NAME STREET ADDRESS STREET ADDRESS City-St-Zip CITY-ST-ZIP TIT! F ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

2-28-03 954-785-9026