FILED Apr 30, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINEŞS REPORT (UBR) L99000007308 DOCUMENT # 1. Entity Name 04-30-2002 90133 002 ****50.00 MARR TRUCKING COMPANY, LLC Principal Place of Business Mailing Address 3141030 **6433 31ST AVENUE** P.O. BOX 48127 ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33743-8127 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 59-3606562 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired - -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARR, KAREN S Street Address (P.O. Box Number is Not Acceptable) 6433 31ST AVENUE, NORTH ST. PETERSBURG FL 33710 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. 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 Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME MARR, KAREN S NAME STREET ADDRESS **6433 31ST AVENUE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33710 TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Celete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. Thereby certify that the information supplied with this filling 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Delete

☐ Delete

Change

Addition

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