APPROVED 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L99000008289 1. Entity Name CO UNL 25 AM 9: 26 CEM EURO INDUSTRIES, LLC SECRETARY OF STATE ALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1100 IMPERIAL DRIVE. SUITE 205 · 4100 IMPERIAL-DRIVE: SUITE-205 SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address P<u>. o</u> Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State Not Applicable Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent Name MANNING, SANDRA Street Address (P.O. Box Number is Not Acceptable) 1100 IMPERIAL DRIVE, SUITE 205 SARASOTA FL 34236 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. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. Change ☐ Addition TITI F TITLE MGRM Delete MANNING, SANDRA NAME NAME STREET ADDRESS STREET ADDRESS 1100 IMPERIAL DRIVE, SUITE 205 CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-7IP Change Addition Delete TITLE TITLE NAME NAME 900003342539--9 STREET ADDRESS STREET ADDRESS -08/01/00--01080--011 CITY-ST-ZIP CITY-ST-ZIP ******** *****50.00 TITLE ☐ Change ■ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME , NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST ZIP

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

7-17-10 94-957-0775

Daytime