2002 UNIFORM BUSINESS REPORT (UBR)

Apr 04, 2002 8:00 am Secretary of State DOCUMENT #~L99000008684 04-04-2002 90086 033 ****50.00 RETSYO'S GOLD MINE, L.C. Principal Place of Business Mailing Address 123 GULF BEACH DRIVE WEST 123 GULF BEACH DRIVE WEST ST. GEORGE ISLAND FL 32328 ST. GEORGE ISLAND FL 32328 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 59-3697131 Not Applicable Zip Country Zin Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DRYE. ROSE Street Address (P.O. Box Number is Not Acceptable) 123 GULF BEACH DRIVE WEST ST. GEORGE ISLAND FL 32328 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 (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 ☐ Change ☐ Addition DRYE, ROSE NAME NAME STREET ADDRESS 564 WEST PINE AVENUE STREET ADDRESS CITY-ST-ZIP ST. GEORGE ISLAND FL 32328 CITY-ST-ZIP MGRM Delete TITLE Addition ☐ Change DRYE. BRUCE NAME NAME STREET ADDRESS 564 WEST PINE AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. GEORGE ISLAND FL 32328 MGRM TITLE Delete TITLE Change Addition **DURHAM, JAMES** NAME NAME STREET ADDRESS 305 LAND STREET STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ST. GEORGE ISLAND FL 32328 MGRM TITLE **Delete** TITLE ☐ Change ■ Addition NAME **DURHAM, PATRICIA** NAME STREET ADDRESS **305 LAND STREET** STREET ADDRESS CITY-ST-ZIP ST. GEORGE ISLAND FL 32328 CITY-ST-ZIP **MGRM** TITLE Delete TITLE Change ☐ Addition NAME KRONTZ, BETH NAME STREET ADDRESS 781-A GULF BEACH DRIVE WEST STREET ADDRESS CITY-ST-ZIP ST. GEORGE ISLAND FL 32328 CITY-ST-ZIP MGRM TIT) F Defete Change ☐ Addition MIRABELLA, ALFIA JR NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

64 AVENUE D

APALACHICOLA FL 32320

STREET ADDRESS

CITY-ST-ZIP

でめ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED