L99000008852

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT/PUBLIC

DOCUMENT # L99000008852

1. Entity Name

COSTBASE HOLDINGS, LLC.

FILED
03 JUL 18 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800021140098
06/25/03--01079--013 **155.00

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
3202 N. HOWARD AVENUE,	P. O. Box 270502
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA , FLORIDA	City & State: TAMPA , FLORIDA
Zip: 33607 Country: USA	Zip: 33688 Country: USA

4. FEI Number 59-3613984 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SPIEGEL & UTRERA P.A.

Street Address (P.O. Box Number is Not Acceptable)

343 ALMERIA AVENUE

City CORAL GABLES **FL** Zip Code 33134

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 the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP	President Stephen Banjoko P. O. Box 272532 Tampa FL 33688
TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Treasurer Casey Wangboje 15429 E. Pond Woods Drive Tampa FL 33618
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	800021140098 07/18/03--01060--008 **95.00 REINSTATEMENT 02-03
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CR2E083B (12/02)

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: Wangboje C. CASEY WANGBOJE 06/09/03 813-849-6480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #