2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 19, 2000 08:00 AM DOCUMENT # L9900008933 1. Entity Name **Secretary of State** KNEBL TECHNOLOGIES, LLC Principal Place of Business Mailing Address 988 BOULEVARD OF THE ARTS 988 BOULEVARD OF THE ARTS #215 #215 SARASOTA FL SARASOTA FL 34236 34236 2. Principal Place of Business 3. Mailing Address 888 BOULEVARD OF THE ARTS 888 BOULEVARD OF THE ARTS Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #1906 City & State City & State 4. FEI Number Applied For SARASOTA FL SARASOTA FL 65-0977051 Not Applicable Zip Country Ζip Country \$5.00 Additional 5. Certificate of Status Desired 34236 34236 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LUZIER LAW OFFICES OF JEFFERSON F. RIDDELL, P.A. Street Address (P.O. Box Number is Not Acceptable) 3400 S TAMIAMI TRAIL SARASOTA FL. 34239 US 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. 07/19/2000 SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 9. 10. ADDITIONS/CHANGES TITLE MGRM Delete TITLE ☐ Change X Addition NAME KNEBL EVA 888 BLVD OF THE ARTS #1906 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL34236 TITLE MGRM MGRM ☐ Delete TITLE X Change ☐ Addition NAME KNEBL KNEBL LESLIE F NAME LESLIE STREET ADDRESS 988 BOULEVARD OF THE ARTS #215 STREET ADDRESS 888 BOULEVARD OF THE ARTS #1906 CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP SARASOTA 34236 FLTIT! F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ 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.