2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 08, 2002 8:00 am § Secretary of State DOCUMENT # L9900009140 1. Entity Name 05-08-2002 90082 047 ****50.00 JLC HOLDINGS, LLC Principal Place of Business Mailing Address 1936 LEE ROAD #270 1936 LEE ROAD #270 WINTER PARK FL 32789 WINTER PARK FL 32789 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 59-3613805 Not Applicable Zip Country Zip 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 SCOTT, KENNETH J Street Address (P.O. Box Number is Not Acceptable) 2156 HURON TR MAITLAND FL 32751 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 (NOTÉ: 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 MGR TITLE Delete TITLE Change ☐ Addition SCOTT, KENNETH J NAME NAME STREET ADDRESS 1936 LEE ROAD #270 STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE - Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP # CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 vustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

SIGNATURE: