LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 11000000000109

SIGNATURE:

FILED Mar 18, 2002 8:00 am Secretary of State 03-18-2002 90001 039 ****55.00

1. Entity Name RYW CONSULTING, LLC DO NOT WRITE IN THIS SPACE							03-18-2002 90001 03	39 ****55.00		
							930762			
2. Principal F		ness RCEST	3. Mailing Address							
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	P O Bex 24116 S Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State, Montgomery AL			Montgomery AL				Number 3 1241008	Applied For Not Applicable	e	
Zip Country		Montgomery	Zip 36124	Zip Count		5. Cert	5. Certificate of Status Desired \$5.00 Addition Fee Required			
		, ,			Name		and Address of Current Registered	Agent	\dashv	
DO NOT WRITE Street Addre							CORPORATION (P.O. Box Number is Not Acceptable)			
IN THIS SPACE					City	5 South Pine Island Read				
. Tl		and the state of t			PLA	NTA	<u> </u>	3532x	_	
8. The above	name a en u	y submits this statement for	the purpose of changing	g its registere	ea onice or regist	ered agent,	or both, in the State of Florida.		1	
SIGNATURE	Signature, typed	or printed name of egistered agent an	d title if applicable.			<u> </u>	37770 J. DATE			
		<i>V</i>		FEE IS Payable to DUE BY	o Department	of State				
9.	Mana	MANAGING MEMBER	S/MANAGERS	TITLE	· · · · · · · · · · · · · · · · · · ·				∃€	
NAME STREET ADDRESS CITY-ST-ZIP	Monaging Member Wynn, Ramie J PoBox 241165 Montgomery, AL 36124-1165				E ET ADORESS -ST-ZIP				CR2E083B (12/01)	
TITLE NAME	•	<i>(42-22-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-</i>		TITLE	1				CRZE	
STREET ADDRESS CITY-ST-ZIP		·		STRE	ET ADDRESS -ST-ZIP					
TITLE				TITLE					7	
NAME STREET ADDRESS					et address		DO NOT WRIT			
CITY-ST-ZIP TITLE	<u> </u>			CHY	-ST-ZIP					
NAME				NAMI	E		IN THIS SPAC			
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS ST-ZIP					
TITLE NAME			-	TITLE						
STREET ADDRESS				STRE	ET ADDRESS					
CITY-ST-ZIP TITLE				CITY-	ST-ZIP				-	
NAME				NAME	:					
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS ST-ZIP					
11. I hereby of indicated	ertify that the	e information supplied with t	nis filing does not qualify nat my signature shall he	y for the exer	nption stated in S legal effect as if	Section 119.	07(3)(i), Florida Statutes. I further certi r oath; that I am a managing member	fy that the information or manager of the	7	

RONAIC J. WYNN MANOGING Member 3/4/02 334.741-7336
GING MEMBER, MANAGER, OR ADTHORIZED REPRESENTATIVE Date Davigne Phone #