2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # M00000000670 01 MAR -7 PM 12: 38 1. Entity Name Drake Development FLA, LLC SECRETARY OF STATE TALLAHASSEE, FLORIÑA Principal Place of Business Mailing Address ~1813 Hampton Street 1813 Hampton Street Columbia, SC 29201 Columbia, SC 29201 2. Principal Place of Business 3. Mailing Address 813 Kampuus Ik Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 57-1094344 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name -Andrew Trakas -- - -Street Address (P.O. Box Number is Not Acceptable) 123 Avenue C Southwest Winter Haven, FL 33880 Zip Code City 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 Andrew Trakas, Registered Agent
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 9. 10. Change Addition TITLE TITLE ☐ Delete Managing Member NAME NAME W. Russell Drake STREET ADDRESS STREET ADDRESS 1813 Hampton Street CITY-ST-ZIP CITY-ST-7IP Columbia, SC 29201 500003891265 □ Delete TITLE TITLE NAME NAME -03/21/01--01106--025 STREET ADDRESS STREET ADDRESS *****55.00 ****55.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 3 ☐ Delete TITLE ☐ Change ☐ Addition NAME Ì 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 indicated on this report is true and accurate and that my signature shall have the same legal effect as if made 07(3)(i), Florida Statutes. I further certify that the information of oath; that I am a managing member or manager of the Florida Statutes. indicated on this report is true and accurate and that my signature shall have the same legal effect limited liability company or the receiver or trustee empowered to execute this report as required by IRE: W. RUSSELLOFAKE, SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 799-5515