2002 UNIFORM BUSINESS REPORT (UBR)

Mar 11, 2002 8:00 am ⁸ Secretary of State DOCUMENT # M0100000739 1. Entity Name 03-11-2002 90007 044 ****50.00 RED RABBIT ENTERPRISES, L.L.C. Mailing Address Principal Place of Business 9325 PFLUMM 9325 PFLUMM 80039457 LENEXA KS 66215-3347 LENEXA KS 66215-3347 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 74-2813215 Not Applicable Country \$5.00 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RUPPERT, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 360 GULF OF MEXICO DR UNIT #323 LONGBOAT KEY FL 34228 Zip Code City FL 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, 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 Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. Change ☐ Addition MGR TITI F ☐ Delete TITLE RUPPERT, WILLIAM NAME NAME STREET ADDRESS 360 GULF OF MEXICO DR UNIT #323 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGBOAT KEY FL 34228 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME 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.

FILED