

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

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90583 011 \*\*\*\*55.00

DOCUMENT # M01000Q01089

1. Entity Name

CLEARSHOT HOLDINGS, LLC

**DO NOT WRITE IN THIS SPACE**

**957590**

2. Principal Place of Business

7 Great Valley Pkwy.

Suite, Apt. #, etc.

Suite 129

City & State

Malvern, PA

Zip

19355

Country

USA

3. Mailing Address

7 Great Valley Parkway

Suite, Apt. #, etc.

Suite 129

City & State

Malvern, PA

Zip

19355

Country

USA

4. FEI Number

233061793

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

J. Kevin Barile

Street Address (P.O. Box Number is Not Acceptable)

4830 W. Kennedy Blvd., Suite 340

City Tampa

FL

Zip Code

33609

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Managing member  
J. Kevin Barile  
4830 W. Kennedy Blvd., #340  
Tampa, FL 33609

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
Thomas Bennett  
7 Great Valley Parkway, #129  
Malvern, PA 19355

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
Jonathan L. Old, III  
7 Great Valley Parkway, #129  
Malvern, PA 19355

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
Sarah G. Miller  
7 Great Valley Parkway, #129  
Malvern, PA 19355

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
David U. Lee  
7 Great Valley Parkway, #129  
Malvern, PA 19355

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE:

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

Date

Daytime Phone #

CR2E083B (12/01)