

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90597 037 ****50.00

DOCUMENT # M010000024661. Entity Name
AGE OATH, LLC

Principal Place of Business

**1560 SOUTH 8TH STREET
KALAMAZOO MI 49009**

Mailing Address

**1560 SOUTH 8TH STREET
KALAMAZOO MI 49009**

2. Principal Place of Business

1160 Town Center Drive

Suite, Apt. #, etc.

Suite 390

City & State

Las Vegas, NVZip
89144Country
USA

3. Mailing Address

1160 Town Center Drive

Suite, Apt. #, etc.

Suite 390

City & State

Las Vegas, NVZip
89144Country
USA

4. FEI Number

38-3590014

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOPELOUITZ, BRIAN
350 E. LAS OLAS BLVD. #1440
FORT LAUDERDALE FL 33301**

Name

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

City

FL

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

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

(NOTE: 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
TAYLOR, ERIC
6191 ORANGE DR., SUITE 6171
DAVIE FL 33314** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DEFOREST, REBECCA
1606 SOUTH BURDICK STREET
KALAMAZOO MI 49007** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1160 Town Center Drive, Suite 390
Las Vegas, NV 89144** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
JURGENSEN, CHRISTIAN
1606 SOUTH BURDICK STREET
KALAMAZOO MI 49007** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1160 Town Center Drive, Suite 390
Las Vegas, NV 89144** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Rebecca DeForest

04/29/02 (702) 233-1267

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

Date

Daytime Phone #

CR2E083 (9/01)