

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

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90087 026 \*\*\*\*50.00

DOCUMENT # M01000002876

1. Entity Name

SPACECON, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

120 N. LIME ST.

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LANCASTER PA

City & State

4. FEI Number

23-2965187

Applied For

Not Applicable

Zip

17602

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name CT CORPORATION SYSTEM

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

1800 SOUTH PINE ISLAND RD.

City

PLANTATION

FL

Zip Code

33324

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

PRESIDENT

NAME

PAUL LANGAN

STREET ADDRESS

120 N. LIME ST.

CITY-ST-ZIP

LANCASTER PA 17602

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

SECRETARY / TREASURER

NAME

BRENT WERNER

STREET ADDRESS

120 N. LIME ST.

CITY-ST-ZIP

LANCASTER PA 17602

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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.

SIGNATURE:

Brent Werner

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

2/26/02

Date

(717) 399-5281

Daytime Phone #

CR2E083B (12/01)