

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

APPROVED
AND
FILED

99 MAR 30 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|--|---|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # M98000001187**

REGULUS AMERICA, LLC
401 CITY AVENUE, SUITE 428
BALA CYNWYD PA 19004

1a. Principal Place of Business Address

401 CITY AVENUE, SUITE 428
BALA CYNWYD PA 19004

2. Principal Place of Business

Tampa
Suite, Apt. #, etc.
5401 West Kennedy Blvd
City & State

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Tampa FLA
Zip

Country
USA

Zip

Country

3. Date Organized or Qualified

10/15/1998

3a. State of Formation

DE

4. FEI Number

23-2974594

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

CORPORATION SERVICE, COMPANY
1201 HAYS STREET
TALLAHASSEE FL. 32301

8. Name and Address of New Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature feature is where no change)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|-----------|---------------------------|----------------------------|--------------------------|
| MGR | STILL, DAVID B | 401 CITY AVENUE, SUITE 428 | BALA CYNWYD PA |
| MGR | STOCKEL, LESTER E | 401 CITY AVENUE, SUITE 428 | BALA CYNWYD PA |

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****188.75 ****188.75

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11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OF OFFICER OR SECRETARY OF THE COMPANY

DATE

Signature Printed Name