2000 UNIFORM BUSINESS REPORT (UBR) M99000001989 **DOCUMENT #** 1. Entity Name FILED ...P LACOSTA, L.L.C. 00 JUN 15 PM 4: 20 Mailing Address Principal Place of Business SECRETARY OF STATE 607 South Lindbergh Blvd. TALLAHASSEE, FLORIDA St. Louis, MO 63131 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable \$5.00 Additional Country 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 Name CT Corporations System Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Rd. Plantation, 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. Addition ☐ Change TITLE TITLE ☐ Delete Member NAME Stan R. McCurdy STREET ADDRESS STREET ADDRESS d07 S. Lindbergh Blvd. CITY-ST-ZIP CITY-ST-ZIP <u> 4t.-Louis, MO 63131</u> ☐ Change ☐ Delete TITLE TITLE Member NAME 2**99121--**700--01067--013 NAME John C.; Porta STREET ADDRESS STREET ADDRESS 607 S. Lindbergh Blvd. CITY-ST-ZIP CITY-ST-ZIP *****50.00 St. Louis, MO 63131 Addition ☐ Change ☐ Delete TITLE <u>Member</u> NAME Joseph E. Leibold STREET ADDRESS STREET ADDRESS 607 S. Lindbergh Blvd. CITY-ST-ZIP CITY-ST-ZIP St. Louis, MO 63131 ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete 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 truesce empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: