



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/14/2009	200934801080	SUBSEQNT AGENT APPOINT/LIMITED/LIABILITY/PARTNER (LSA)	25.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

SERPENTINI MANAGEMENT CO
15303 ROYALTON RD
CLEVELAND, OH 44136

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

LL11161

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
SERPENTINI MANAGEMENT COMPANY, LTD.

and, that said business records show the filing and recording of:

Document(s):

SUBSEQNT AGENT APPOINT/LIMITED/LIABILITY/PARTNER

Document No(s):

200934801080



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 11th day of December, A.D.
2009.

Ohio Secretary of State



**Form 521 Prescribed by the:
Ohio Secretary of State**

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)

www.sos.state.oh.us
Busserv@sos.state.oh.us

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STATUTORY AGENT UPDATE

Filing Fee: \$25

(CHECK ONLY ONE (1) BOX)

(1) Subsequent Appointment of Agent ☐ Corp (185-AGS) ☐ LP (165-AGS) ☒ LLC (171-LSA)	(2) Change of Address of an Agent ☐ Corp (145-AGA) ☐ LP (145-AGA) ☐ LLC (144-LAD)	(3) Resignation of Agent ☐ Corp (155-AGR) ☐ LP (155-AGR) ☐ LLC (153-LAG) ☐ Partnership (155-AGR)
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Name of Entity <u>Serpentini Management Company, Ltd</u>
Charter, License or Registration No. <u>LL11161</u>
Name of Current Agent <u>Robert A. Poklar</u>

Complete the information in this section if box (1) is checked

Name and Address of New Agent	<u>Robert Serpentini, Jr.</u>		
	<u>Name of Agent</u>		
	<u>15303 Royaltan Road</u>		
	<u>Mailing Address</u>		
	<u>Cleveland</u>	<u>Ohio</u>	<u>44136</u>
	<u>City</u>	<u>State</u>	<u>Zip Code</u>

~~Statutory Agent~~

- Complete the information in this section if box (2) is checked**

Zip Code

- Complete the information in this section if box (3) is checked**

Zip Code

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

REQUIRED

Must be authenticated
(signed) by an
authorized representative
(See Instructions)

Authorized Representative

12-8-09
Date

ROBERT M. SERPENTINI, JR
Print Name

Authorized Representative

Date

Print Name