

2001 UNIFORM BUSINESS REPORT (UBR)

0013794 AF

DOCUMENT # L00000008856

1. Entity Name
THREE HILLBILLY, L.L.C.

FILED
01 MAY 30 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2300 PALM BEACH LAKES BLVD
SUITE 305
WEST PALM BEACH FL 33409

Mailing Address
2300 PALM BEACH LAKES BLVD
SUITE 305
WEST PALM BEACH FL 33409



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

BAJH

City & State
Zip Country

City & State
Zip Country

4. FEI Number
65-1027543

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

RIDOLFO, PHILLIP T ESQ
777 S FLAGLER DR
SUITE 300E
WEST PALM BEACH FL 33401

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)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

06/19/01--01060--001
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Phillip Ridolfo 10998 Okeechobee Blvd Royal Palm Bch, FL 33411	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jeff Platz 603 Greenwood Dr. Jupiter FL 33458	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Anthony Simons 825 Center St. Suite 9B Jupiter FL 33458	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: JEFF PLATZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/16/01
Date

Daytime Phone #

CR2E083 (11/00)