## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0000009890

1. Entity Name

## TURTON REFERRAL SOUTH, LLC



FILED Apr 21, 2003 8:00 am Secretary of State 04-21-2003 90134 017 \*\*\*\*50.00

### PF PLEASANT NJ 08942   PT PLEASANT NJ 089											
2. Principal Place of Stationess  Suite, Apr. #, etc.   City & State  Ci	Principal Plac	e of Business	3	Mailing Address	=						
California   Cal	2204 BRIDGE AVENUE PT PLEASANT NJ 08742							300582	/ <b>Q</b>		
Suite Apt #, etc.   Suite							110		ANN <b>ea</b> nn a <b>c</b> ht		
City & State    City & State   Country   Zip   Country   Zip   Country   S. Contilicator of Status Desired   See S		Place of Busin	ess	3. Mailing Addres	3. Mailing Address						
Country   Zip   Country   S. Certificate of Status Desired   S. 5.00 Additional to the purpose of Changing its registered Agent   7. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   7. Name and Address of N	Suite, Apt.	#, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
S. Name and Address of Current Registered Agent	City & Stat	e		City & State	City & State			mber <b>22-3750939</b>		<u> </u>	
TURTON, DIANE 50 BEACH ROAD, UNIT 402 TEQUESTA FI. 33469  City FL  City FL  Zip Code  Cit	Zip Country			Zip	Co	untry	5. Certific				
TURTON, DANE 50 BEACH ROAD, UNIT 402 TEQUESTA FL 33469  City FL Zip Code  6. The above named critisy submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE TO THE POPULATION TO THE POP		−6. Name	and Address of Current	Registered Agent			7. Name a	and Address of New Reg	istered Ag	ent	
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8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Content				,							
SIGNATURE    FILE NOW!!! FEE IS \$50.00   Make Check Payable to Florida Department of State Due By May 1, 2003	•					City			FL	Zip Code	9
THE Obligations of registered agent.  SIGNATURE    Signature, typed or printed named of registered agent and title if application.   NOTE: Registered Agent is gradue required when rendation(p)   DATE	8. The above	named entity	submits this statement for	or the purpose of char	nging its regist	ered office or	registered agent, or	both, in the State of Florid	da. I am far	ı niliar with,	and accept
Signature. Typed or printed name of legistered agent and like 1 Applicable.    FILE NOW!!! FEE Is \$50.00     Make Check Payable to Florida Department of State	the obligat	ions of registe	ered agent.					•			
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1. Thereby 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	CITY-ST-ZIP			•		1					
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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.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date