LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR 24 PM 3:42

4/29

DOCUMENT # L00000012717

1. Entity Name

RUSSELL, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
800 N. MAGNOLIA AVENUE		800 N. MAGNOLIA AVE.	
Suite, Apt. #, etc.: SUITE 1500		Suite, Apt. #, etc.: SUITE 1500	
City & State: ORLANDO, FL		City & State: ORLANDO, FL	
Zip: 32803	Country: USA	Zip: 32803	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number — Applied For / X Not Applicable

5. Certificate of Status Desired ☐ — $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DEAN MEAD SERVICES, LLC

Street Address (P.O. Box Number is Not Acceptable): 800 N. MAGNOLIA AVENUE

SUITE 1500

City: ORLANDO FL Zip Code: 32803

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.

DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A., SOLE MEMBER OF DEAN MEAD SERVICES, LLC ✓ ALAN H. DANIELS, VICE PRES. 04/18/02

SIGNATURE — Signature, typed or printed name of registered agent and title if applicable. — DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

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*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	TITLE	
NAME	TOOHEY, GARRITT	NAME	
STREET ADDRESS	9480 INTERNATIONAL DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32819	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083B (12/01)

10. 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: G. Toohey 4/16/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

GARRITT TOOHEY, MANAGING MEMBER