2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000002970

1. Entity Name

DON'S GOLF CARTS, L.L.C.



FILED Mar 24, 2003 8:00 am Secretary of State 03-24-2003 90023 003 ****50.00

Principal Place of Business Mailing Address 2211 HWY 44 EAST LESSURG FL 94749							 ·				
LESSURG P. 34749 LESSURG P. 34749 LESSURG P. 34749 Subtraction	Principal Plac	e of Busines	s ·	Mailing Address	Mailing Address						
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The Address of Current Registered Agent	Suite, Apt.	#, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
NORWELL MICHAEL C	City & State	е		City & State	City & State			3044SS2	<i>1</i>		
NORMELL MICHAEL C	Zip		Country	Zip	Zip Country		5. Certifica				
NORWELL WICHAEL C. 1410 EMERSON STREET LEESBURG Pt. 34748		6. Name	and Address of Curren	t Registered Agent	•		7. Name a	nd Address of New Registered	Agent		
Street Address (P.O. Box Number is Not Acceptable)	· NOR	WELL- MICH	UAFI-O		÷						
City FL Zig Code											
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE The purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE						City		Fi	Zip Cod	e	
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S. MANAGING MEMBERS MANAGERS 10. ADDITIONS/CHANGES TITLE NAME ERRIST, JAMES E 2211 HWY 441 EAST LEESBURG FL TITLE NAME SIRECT ADDRESS CITY-ST-2IP TITLE NAME SIRECT ADDRESS	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Make Check Payable to Florida Department of State Due By May 1, 2003 TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME											
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I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatic 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: