

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 24, 2003 8:00 am  
Secretary of State

02-24-2003 90056 023 \*\*\*\*50.00

DOCUMENT # L02000016968

1. Entity Name  
LIQUIDCLAY.COM, LLC



Principal Place of Business 267 JOHN KNOX ROAD SUITE 200 TALLAHASSEE FL 32303	Mailing Address 267 JOHN KNOX ROAD SUITE 200 TALLAHASSEE FL 32303
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



CHECK HERE IF MAKING CHANGES

4. FEI Number 38-3653778 Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**KNAPTON, BRANDY**  
267 JOHN KNOX ROAD SUITE 200  
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Brandy Knapton - Brandy Knapton / owner & web Designer 2/20/03  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS	
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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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: Brandy Knapton - owner & web Designer 2/20/03 (850) 383-4199  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)