LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

ATX1

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 18 AM 11:35

DOCUMENT # L04000019987

1. Entity Name

Patricia Lother and Associates, LLC

DO NOT WRITE IN THIS SPACE

400060691954
10/18/05--01005--011 **50.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
646 Briarwood Lane	
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: **Deerfield Beach, FL**	City & State
Zip: **33441** Country: **US**	Zip Country

4. FEI Number 54-2147260 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: **Patricia Lother**

Street Address (P.O. Box Number is Not Acceptable): **646 Briarwood Lane**

City: **Deerfield Beach** **FL** Zip Code: **33441**

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 Patricia Lother **Patricia Lother** **10/10/2005**

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

9. MANAGING MEMBERS/MANAGERS

TITLE	**MGRM**	TITLE	
NAME	**Patricia Lother**	NAME	
STREET ADDRESS	**646 Briarwood Lane**	STREET ADDRESS	
CITY-ST-ZIP	**Deerfield Beach, FL 33441**	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	REINSTATEMENT 2005	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Patricia Lother **Patricia Lother** **10/10/2005**

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