2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9800001169 1. Entity Name EQUIGEN, L.C.							FILED 01 JAN 12 AN 9:37					
Principal Plac	ce of Business		Mailing Address					01	JAN 12	AN 9	37	
15515 S.W. 170TH STREET			-					SECI	VO.A-TIEC	ለሮ ዕፕ እን		
ARCHER FL 32618-4627			15515 S.W. 170TH STREET ARCHER FL 32618-4627				SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal Place of Business			3. Mailing Address							i 11 i 1		01/10 1814 1884
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State				4. FEI Number 59-3524281 Applied For Not Applicable					
Zip Country			Zip Cour		itry		5. Certificate of Status Desired \$5.00 Additional Fee Required					
,	6. Name and Addres	s of Current Re	egistered Agent		Mara	-	7. Nam	e and Addre	ess of New	Registered	Agent	
MEIGENDUDO MACHURI M					Name							
MEISENBURG, VASILIKI K 8701 SW 152ND AVENUE					Street Address (P.O. Box Number is Not Acceptable)							
ARCHER FL 32618-4466												
AHOHEH	1 6 32010-4400			City	□ Zip Code							
										FL		
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.												
SIGNATURE												
OIGITATORIC	Signature, typed or printed name of	f registered agent and	title if applicable. (NOTI	E: Registere	d Agent signat	w beniuper eru	vhen reinstati	ng)		DATE		
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t	ertify that the information	unnlied with thi	e filing does not availe for	_		nd in C	iaa 440 c	7(0)(1) 51 1	4- 00:4:	1.t. of		
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: Alathia Cartheaper Heather E. Greaves 1/10/61 (352) 495-5040												
	SIGNATURE AND TYPED OR PI	RINTED NAME OF SIG	GNING MANAGING MEMBER, MAN	AGER, OR A	WITHORIZED	REPRESENT	ATIVE	/ Da	te	Di	aytime Phone #	