

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L000000000028

1. Entity Name

SYMBIOSIS INVESTMENTS, LLC

00 MAY 12 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3 South Street
St. Augustine, FL 32084

2. Principal Place of Business

3. Mailing Address

Florida

3 South Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3 South St.

City & State

City & State

Saint Augustine, FL 32084

St. Augustine, FL 32084

Zip

Country

Zip

Country

32084

USA

32084

4. FEI Number

Applied For

58-227-0507

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Craig Van Horn
3 South Street
St. Augustine, FL 32084

Name: Craig Van Horn
Street Address (P.O. Box Number is Not Acceptable):
3 South Street
City: St. Augustine FL Zip Code: 32084

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Craig Van Horn 4/20/00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	Managing Member <input type="checkbox"/> Delete	TITLE	Managing Member <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	Craig Van Horn
CITY-ST-ZIP		STREET ADDRESS	3 South Street
		CITY-ST-ZIP	St. Augustine, FL 32084
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	700003279457--3
CITY-ST-ZIP		STREET ADDRESS	-06/07/00--01018--020
		CITY-ST-ZIP	*****50.00 *****50.00
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

Craig Van Horn 4/20/00 901-808-4708

CR2E083 (11/99)