2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000000223

1. Entity Name
FULL GAYNOR, L.L.C.

FILED

Feb 04, 2001 08:00 AM

Secretary of State

Principal Place of Business	Mailing Address
MR. JOEL H. MAYNE, II	MR. JOEL H. MAYNE, II
5650 S.E. LAMAY DRIVE	5650 S.E. LAMAY DRIVE
STUART FL	STUART FL
34997	34997

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State	City & State	

Zip	Country	Zip	Country

4. FEI Number
65-1053964

Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SOPKO JAMES	Name MAYNE JOEL HAGT
853 SE MONTEREY COMMONS BOULEVARD	Street Address (P.O. Box Number is Not Acceptable) 5650 S.E. LAMAY DRIVE
STUART FL	
34996 US	City STUART FL Zip Code 34997

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.
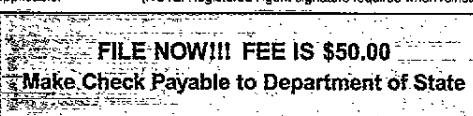
SIGNATURE **JOEL   H. MAYNE II**   **02/04/2001**

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 Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE MGR ☐ Delete NAME MAYNE JOEL HIII STREET ADDRESS 5650 S.E. LAMAY DRIVE CITY-ST-ZIP STUART FL 34997		TITLE MGR NAME MAYNE JOEL HIII STREET ADDRESS 5650 S.E. LAMAY DRIVE CITY-ST-ZIP STUART FL 34997	☒ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (11/00)

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: JOEL H. MAYNE II   MR.   02/04/2001

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