

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2002 8:00 am
Secretary of State

07-25-2002 90128 035 ****50.00

DOCUMENT # L00000000419

1. Entity Name

MAYKYN HAYZYN, L.C.

Principal Place of Business

**18170 93RD ROAD NORTH
LOXAHATCHEE FL 33470**

Mailing Address

**18170 93RD ROAD NORTH
LOXAHATCHEE FL 33470**

2. Principal Place of Business

3. Mailing Address

1079 COUNTY ROAD 687

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FLATROCK ALABAMA

Zip

Country

Zip

Country

35966

JACKSON

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

SMITH, DANIEL L

**18170 93RD ROAD NORTH
LOXAHATCHEE FL 33470**

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

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
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SMITH, DANIEL L
18170 93RD ROAD NORTH
LOXAHATCHEE FL 33470**

☐ Delete

TITLE
NAME
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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)