## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

LO000000

**DOCUMENT #** 

1. Entity Name

## FILED Jun 05, 2002 8:00 am Secretary of State

05-07-2002 90385 001 \*\*\*\*50.00

A.C. ENKU ROULTONS LLC 34568 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Name DO NOT-WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE MhO City 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. **FEE IS \$50.00** Make Check Payable to Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS TITLE NAME Dietzel -STREET ADDRESS CITY-ST-ZIP TITLE

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO-NOT-WRITE CITY=ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TiTi F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 exprowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: