

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90005 033 ****50.00

0023456

DOCUMENT # L00000001293

1. Entity Name

SIXCHINS INVESTMENTS, LLC

Principal Place of Business

**2334 E. STATE ROAD 200
SUITE 300
FERNANDINA BEACH FL 32034**

Mailing Address

**2334 E. STATE ROAD 200
SUITE 300
FERNANDINA BEACH FL 32034****911068**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3626993**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**LANIER, TODD B
2334 E. STATE ROAD 200
SUITE 300
FERNANDINA BEACH FL 32034**

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.

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 May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE	MEM	<input type="checkbox"/> Delete
NAME	FALCON FAMILY HOLDINGS, LP	
STREET ADDRESS	8 HICKORY LN.	
CITY-ST-ZIP	AMELIA ISLAND FL 32304	

TITLE	MEM	<input type="checkbox"/> Delete
NAME	SIMMONS, VANN	
STREET ADDRESS	71 SEA MARSH RD.	
CITY-ST-ZIP	AMELIA ISLAND FL 32304	

TITLE	MEM	<input type="checkbox"/> Delete
NAME	MOCK, WILLIAM J	
STREET ADDRESS	317 CENTRE ST.	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

CR2E083 (9/01)