

2001 UNIFORM BUSINESS REPORT (UBR)

0004908 AF

DOCUMENT # L00000001537

1. Entity Name
L.A.S. HOLDINGS, LLC

FILED

01 APR 30 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6078 TWIN LAKES DRIVE
OVIEDO FL 32765

Mailing Address

6078 TWIN LAKES DRIVE
OVIEDO FL 32765



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

FEI Number

59-3625813

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOCK, R. DANIEL
6078 TWIN LAKES DRIVE
OVIEDO FL 32765

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

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
Lisa M. Hock
6078 Twin Lakes Dr Oviedo, FL 32765

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

100004219721--9

05/16/01-01053-004

*****50.00 *****50.00

TITLE
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☐ Change ☐ Addition

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:

R. DANIEL HOCK

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

4/26/01

Date

907-448-6062

Daytime Phone #

CR2E083 (11/00)