

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001759

1. Entity Name

LRM, LC

Principal Place of Business

~~9445 TUBBS RD.~~
~~SEBRING FL 33872~~

Mailing Address

~~9445 TUBBS RD.~~
~~SEBRING FL 33872~~

2. Principal Place of Business

4665 US 27 SO

Suite, Apt. #, etc.

3. Mailing Address

4665 US 27 SO

Suite, Apt. #, etc.

City & State

SEBRING, FLORIDA

City & State

SEBRING, FLORIDA

4. FEI Number

65-0994663

Applied For

Not Applicable

Zip
33870-5527

Country
USA

Zip
33870-5527

Country
USA

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

TUBBS, MIKE

~~3445 TUBBS RD.~~ 4665 US 27 SO

~~SEBRING FL 33872~~ 33870-5527

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
LINDA T GEORGE
4665 US 27 SOUTH
SEBRING, FLORIDA 33870-5527 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
MICHAEL L. TUBBS
4665 US 27 SOUTH
SEBRING, FLORIDA 33870-5527 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST.
RAYMOND A TUBBS
4665 US 27 SOUTH
SEBRING, FLORIDA 33870-5527 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100003708951 ☐ Change ☒ Addition
-02/19/01--01020--007
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ 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: *Raymond A. Tubbs*

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

Date

Daytime Phone #

12/5/01 863-382-2043

CR2E083 (11/00)