LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90138 028 ****50.00

DOCUMENT # L00000002186

961873

1. Entity Name
IB Stock Group, L.L.C.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	2062 Blue View Ct.	Suite, Apt. #, etc.	2062 Blue View Ct.
City & State	Navarre FL	City & State	Navarre FL
Zip	32566	Zip	32566
Country	US	Country	US

4. FEI Number ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Pamela E. Ludwig

Street Address (P.O. Box Number is Not Acceptable): 2062 Blue View Ct.

City: Navarre FL Zip Code: 32566

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	TITLE	
NAME	Ludwig, Pamela E.	NAME	
STREET ADDRESS	2062 Blue View Ct.	STREET ADDRESS	
CITY-ST-ZIP	Navarre FL 32566	CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	Poe, Gary	NAME	
STREET ADDRESS	2062 Blue View Ct.	STREET ADDRESS	
CITY-ST-ZIP	Navarre FL 32566	CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	Edmondson, Andrew	NAME	
STREET ADDRESS	220 Engert Rd.	STREET ADDRESS	
CITY-ST-ZIP	Knoxville TN 37922	CITY-ST-ZIP	DO NOT WRITE
TITLE	MGRM	TITLE	
NAME	Churchill, Nancy	NAME	IN THIS SPACE
STREET ADDRESS	227 Tree Creek Pkwy.	STREET ADDRESS	
CITY-ST-ZIP	Lawrenceville GA 30043	CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	Welsh, Tim	NAME	
STREET ADDRESS	227 Tree Creek Pkwy	STREET ADDRESS	
CITY-ST-ZIP	Lawrenceville GA 30043	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083B (12/01)

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.

850

SIGNATURE: Pamela Ludwig Pamela Ludwig 29 April 2002 936-4036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #