2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 08:00 AM
Secretary of State

DOCUMENT # **L00000002215**

1. Entity Name
AZURE, L.L.C.

Principal Place of Business	Mailing Address
167 COVE AT SEVENTEEN	167 COVE AT SEVENTEEN
DESTIN FL	DESTIN FL
32541	32541

2. Principal Place of Business		3. Mailing Address	
167 COVE AT SEVENTEEN		167 COVE AT SEVENTEEN	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: DESTIN FL		City & State: DESTIN FL	
Zip: 32550	Country: US	Zip: 32550	Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3635543** ☐ Applied For ☐ Not Applicable

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
STAINBACK ROBERT D	Name: STAINBACK ROBERT D
167 COVE AT SEVENTEEN	Street Address (P.O. Box Number is Not Acceptable): 167 COVE AT SEVENTEEN
DESTIN FL	City: DESTIN FL
32541	Zip Code: 32550

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 ____________________ 05/23/2001
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	MGRM	☐ Delete	TITLE	MGRM	☒ Change ☐ Addition
NAME	STAINBACK ROBERT D		NAME	STAINBACK ROBERT D	
STREET ADDRESS	167 COVE AT SEVENTEEN		STREET ADDRESS	167 COVE AT SEVENTEEN	
CITY-ST-ZIP	DESTIN FL 32541		CITY-ST-ZIP	DESTIN FL 32550	
TITLE	MGRM	☐ Delete	TITLE	MGRM	☒ Change ☐ Addition
NAME	LAMARCHE JUDITH A		NAME	LAMARCHE JUDITH A	
STREET ADDRESS	167 COVE AT SEVENTEEN		STREET ADDRESS	167 COVE AT SEVENTEEN	
CITY-ST-ZIP	DESTIN FL 32541		CITY-ST-ZIP	DESTIN FL 32550	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (11/00)

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: ROBERT D. STAINBACK MGRM 05/23/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #