

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90033 025 ****50.00

DOCUMENT # L00000002956

1. Entity Name

A CRA-Z-A-FAIR, L.L.C.



Principal Place of Business

**100 LOBLOLLY LANE
PENSACOLA FL 32526**

Mailing Address

**1600 N 15TH AVE
PENSACOLA FL 32503**

2. Principal Place of Business

3. Mailing Address

100 Lobolly Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA FLA.

Zip

Country

Zip

Country

32526 EXAMBIKA

4. FEI Number **59-3634494**

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

**THOMAS, LARRY W
1600 N 15TH AVE.
PENSACOLA FL 32503**

Name

LARRY W. THOMAS

Street Address (P.O. Box Number is Not Acceptable)

420 THORN COURT

City

PENSACOLA

FL

Zip Code

32526

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4-12-03

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete
NAME **THOMAS, TERRY L**
STREET ADDRESS **3115 MARCUS POINTE BLVD**
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE **P THOMAS, TERRY L.** ☒ Change ☐ Addition
NAME **1869 Southbay Drive**
STREET ADDRESS **PENSACOLA FLA 32566-6061**
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **THOMAS, JOSEPH J**
STREET ADDRESS **5756 NOWLING DRIVE**
CITY-ST-ZIP **MILTON FL 32583**

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

TITLE **ST** ☐ Delete
NAME **THOMAS, LARRY W**
STREET ADDRESS **1600 N 15TH AVE**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **ST** ☒ Change ☐ Addition
NAME **THOMAS, LARRY W.**
STREET ADDRESS **420 THORN COURT**
CITY-ST-ZIP **PENSACOLA, FLA 32526**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

LARRY W. THOMAS
SIGNATURE REQUIRED

4-12-03

850 453-8417

CR2E083 (10/02)