

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003056

1. Entity Name

NEWCOMB MANAGEMENT, LLC

APPROVED
AND
FILED

01 JUN 14 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

44A DUNE BREEZE LANE
SANTA ROSA BEACH FL 32459

Mailing Address

44A DUNE BREEZE LANE
SANTA ROSA BEACH FL 32459

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

PORATH, SHANNON
4942 U.S. HWY 98 STE 5
SANTA ROSA FL 32459

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: *President*
NAME: *Paul Lyndolph III*
STREET ADDRESS: *44A Dune Breeze Lane*
CITY-ST-ZIP: *Santa Rosa Beach 32459*

☐ Delete

TITLE: *President*
NAME: *Paul Lyndolph III*
STREET ADDRESS: *44A Dune Breeze Lane*
CITY-ST-ZIP: *Santa Rosa Beach 32459*

☐ Delete

TITLE: *President*
NAME: *Paul Lyndolph III*
STREET ADDRESS: *44A Dune Breeze Lane*
CITY-ST-ZIP: *Santa Rosa Beach 32459*

☐ Delete

TITLE: *President*
NAME: *Paul Lyndolph III*
STREET ADDRESS: *44A Dune Breeze Lane*
CITY-ST-ZIP: *Santa Rosa Beach 32459*

☐ Delete

TITLE: *President*
NAME: *Paul Lyndolph III*
STREET ADDRESS: *44A Dune Breeze Lane*
CITY-ST-ZIP: *Santa Rosa Beach 32459*

☐ Delete

TITLE: *President*
NAME: *Paul Lyndolph III*
STREET ADDRESS: *44A Dune Breeze Lane*
CITY-ST-ZIP: *Santa Rosa Beach 32459*

☐ Delete

10. ADDITIONS / CHANGES

TITLE: *President*
NAME: *Paul Lyndolph III*
STREET ADDRESS: *44A Dune Breeze Lane*
CITY-ST-ZIP: *Santa Rosa Beach 32459*

☐ Change ☐ Addition

TITLE: *President*
NAME: *Paul Lyndolph III*
STREET ADDRESS: *44A Dune Breeze Lane*
CITY-ST-ZIP: *Santa Rosa Beach 32459*

☐ Change ☐ Addition

TITLE: *President*
NAME: *Paul Lyndolph III*
STREET ADDRESS: *44A Dune Breeze Lane*
CITY-ST-ZIP: *Santa Rosa Beach 32459*

☐ Change ☐ Addition

TITLE: *President*
NAME: *Paul Lyndolph III*
STREET ADDRESS: *44A Dune Breeze Lane*
CITY-ST-ZIP: *Santa Rosa Beach 32459*

☐ Change ☐ Addition

TITLE: *President*
NAME: *Paul Lyndolph III*
STREET ADDRESS: *44A Dune Breeze Lane*
CITY-ST-ZIP: *Santa Rosa Beach 32459*

☐ Change ☐ Addition

TITLE: *President*
NAME: *Paul Lyndolph III*
STREET ADDRESS: *44A Dune Breeze Lane*
CITY-ST-ZIP: *Santa Rosa Beach 32459*

☐ 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:

[Signature]

Apr: 1/10, 2007

CR2E083 (11/00)