2001 UNIFORM BUSINESS REPORT (UBR);

DOCUMENT # L0000004265 1. Entity Name FRANDY ENTERPRISES, LLC						FILED				
Principal Place of Business Mailing Address 1641 LAKE ELLA DRIVE 1641 LAKE ELLA DRIVE TALLAHASSEE FL 32303 TALLAHASSEE FL 32303					OIFEBI6 PM 4:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal Place of Business 3. Mailing Address				***	-	, IBBNIBN BN B <u>t</u> hik ebsin bonn bon		0)11 0)010 11010 1	1115 8 1 8 111 108 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			<u> </u>	DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI N	umber			plied For Applicable	
Zip	Country	Zip	Country		5. Certifi	icate of Status Desired		\$5.00 Addi	itional	
	6. Name and Address of Current R	egistered Agent			7. Name	and Address of New Re				
7_5				Name =				~		
Cooke, Frank L 1641 Lake ella drive				Street Address (P.O. Box Number is Not Acceptable)						
TALLAHASSEE FL 32303						9.11				
				City			FL	Zip Code	,	
8. The above	named entity submits this statement for	the purpose of changing its i	registered	d office or regis	tered agent, c	or both, in the State of Flor	ida.	<u>'</u>		
				•						
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	: Registered	Agent signature	ired when rehistatin	ng)	DATE			
		FILE NO Make Check Pay		EE IS \$50.0 Department	,					
9.	MANAGING MEMBE	I RS/MEMBERS	10.			ADDITIONS/	CHANGES			
TITLE NAME	PARTNER, MGRM FRANK L. COOK	☐ Delete	TITLE NAME					Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	1641 LAKE ELLA TALLAHASSEE	DRIVE EL 32303	STREE CITY-:	T ADDRESS ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARTNER, MEMBER ANDREA L. COL 1641 LAKE ELLA	☐ Delete	TITLE NAME STREE CITY-1	T ADDRESS		700003 -02/21 *****	745 /010 50.00	10870 *****	-⊡Ad 6 0⊓)02 50.00	
TITLE	MUMANOUL	Delete		T ADDRESS ST-ZIP			~	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE	T ADDRESS				☐ Change	☐ Addition	
TITLE NAME		☐ Delete	TITLE NAME			W		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP						
TITLE NAME STREET ADDRESS		☐ Delete		T ADDRESS				Change	☐ Addition	
indicated limited lia	certify that the information supplied with a on this report is true and accurate and the initial true company or the receiver or trustee	hat my signature shall have t empowered to execute this r	the exen he same eport as	legal effect as i	if made under apter 608, Flo	oath; that I am a manag	further cer ing membe	tify that the iner or manager	rofthe	
SIGNAT	SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MAN	AGER, OR	AUTHORIZED REPRE	ESENTATIVE	Date	D	aytime Phone #		