

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2003 8:00 am
Secretary of State

07-22-2003 90038 045 *****50.00

0018042

DOCUMENT # L00000004482

1. Entity Name

YOUNG & ASSOCIATES, L.L.C.



Principal Place of Business

**6380 EGRET, #18
LAKE LAND FL 33809**

Mailing Address

**6380 EGRET, #18
LAKE LAND FL 33809**

2. Principal Place of Business

6380 EGRET #13

3. Mailing Address

6380 EGRET #13

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE LAND FLORIDA

City & State

LAKE LAND FLORIDA

Zip

33809

Country

USA

Zip

33809

Country

USA

4. FEI Number **59-3720813**

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MARTIN JR, E. SNOW
200 LAKE MORTON DR.
LAKE LAND FL 33801**

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. 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)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | YOUNG, RICHARD A | |
| STREET ADDRESS | 6380 EGRET #18 | |
| CITY-ST-ZIP | LAKE LAND FL 33809 | |
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | YOUNG, MYRTLE L | |
| STREET ADDRESS | 6380 EGRET #18 | |
| CITY-ST-ZIP | LAKE LAND FL 33809 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

10. ADDITIONS/CHANGES

| | | |
|----------------|---------------------------|--|
| TITLE | MGRM | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YOUNG, RICHARD A. | |
| STREET ADDRESS | 6380 EGRET #13 | |
| CITY-ST-ZIP | LAKE LAND FL 33809 | |
| TITLE | MGRM | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YOUNG, MYRTLE L. | |
| STREET ADDRESS | 6380 EGRET #13 | |
| CITY-ST-ZIP | LAKE LAND FL 33809 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Richard A. Young* RICHARD A. YOUNG 7/10/03 863-858-2015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)