LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
05-03-2002 90056 039 ****50.00

DOCUMENT # L00000004666

1. Entity Name

TREDALIGN, LLC

951560

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
4111 N. John Young Pkwy	201 Estate Dr. S
Suite, Apt. #, etc.: Bay 1	Suite, Apt. #, etc.:
City & State: Orlando, FL	City & State: Mandeville, LA
Zip: 32804 Country: USA	Zip: 70448 Country: USA

4. FEI Number: 59-3649120 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Kent Nicholson (Wingfoot)

Street Address (P.O. Box Number is Not Acceptable): 4111 N. John Young Pkwy

City: Orlando **FL** Zip Code: 32804

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.

Contact Name only not part of TredAlign

SIGNATURE: Kent Nicholson, Kent Nicholson 4-22-01
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	Operating Manager
NAME	Lester David Newton
STREET ADDRESS	201 Estate Dr. S.
CITY-ST-ZIP	Mandeville
TITLE	Secretary/Treasurer
NAME	Annette W. Newton
STREET ADDRESS	201 Estate Dr. S.
CITY-ST-ZIP	Mandeville, LA 70448
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

4/16/02

FL,
Dept of State

#7. Registered Agent
Mr. Kent Nicholson is not part of TredAlign, but his business is also located at the same address

Lester D. Newton

SAFELINE LEASING
TELEPHONE 1-800-426-6621 FAX 1-800-835-8438

CR2E083B (12/01)

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: Lester D. Newton, Lester D. Newton 4/16/02 (985) 624-2865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE