

2001 UNIFORM BUSINESS REPORT (UBR)

0005133 AF

DOCUMENT # L00000004674

1. Entity Name
BDK, LLC

FILED

01 APR 25 PM 5:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
284 PARK AVENUE NORTH
WINTER PARK FL 32789

Mailing Address
284 PARK AVENUE NORTH
WINTER PARK FL 32789



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
284 Park Avenue North
Suite, Apt. #, etc.
Suite A
City & State
Winter Park, FL
Zip
32789
Country

3. Mailing Address
284 Park Ave North
Suite, Apt. #, etc.
Suite A
City & State
Winter Park, FL
Zip
32789
Country

4. FEI Number
Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

HADLEY III, RALPH V
1031 WEST MORSE BLVD., STE 160
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name
Robert L. Underwood
Street Address (P.O. Box Number is Not Acceptable)
537 East Park Avenue
City
Tallahassee FL Zip Code
32301

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]* Signature, typed or printed name of registered agent and title if applicable.
Benchwarmers GP, Inc., manager
Robert L. Underwood, President
DATE 4/20/01
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

000004164320--6
05/09/01--01022--010
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER BENCHWARMERS GP, INC. 537 East Park Avenue Tallahassee, Florida 32301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* SIGNATURE REQUIRED
Benchwarmers GP, Inc., manager
by Robert L. Underwood, President 4/20/01 800-686-1615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)