LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED

02 AUG 26 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000004840

1. Entity Name

Falco Investments, LLC

DO NOT WRITE IN THIS SPACE

100007448201--8
-08/30/02--01011--025
****205.00 ****205.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
505 Lancaster ST	505 Lancaster ST
Suite, Apt. #, etc. 10A	Suite, Apt. #, etc. 10A
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32204 Country USA	Zip 32204 Country USA

4. FEI Number 59-3650166 ☐ 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: John FalconeTTI

Street Address (P.O. Box Number is Not Acceptable): 505 Lancaster St, 10A

City: Jacksonville FL Zip Code: 32204

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: John Falcone - John FalconeTTI President 4-22-02
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	President
NAME	John FalconeTTI
STREET ADDRESS	505 Lancaster. ST, 10A
CITY-ST-ZIP	Jacksonville, FL 32204
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	
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	REINSTATEMENT
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: John Falcone - John FalconeTTI 8/23/02 ~~4/22/02~~ 904-354-2818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #