2001	UNIFO	RM BUSINE	SS REPO	RT	(UBF	₹)				* •		
DOCU	MENT #	L0000000	5202	,								
BODY JONES LLC		نبدو	انتذ.	F	LE	D						
Principal Plac	e of Business		iling Address	-01	AUG	27	PM 12:	17				
10143 SOMERSBY DRIVE			143 Somersby Drive Verview Ft 33569	Ş. Ţ.A	ECRETA LLAHAS	BY OF	STATE	=			-4118 (15) (15)	
Principal Place of Business 3. N			Mailing Address									
Suite, Apt. #, etc.			uite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State				4. FEIN	lumber 52-2242	2157	<u> </u>	plied For at Applicable	1
Zip	Country Z		Cou		try 5. Cert			ficate of Status Desired	1 🗆	\$5.00 Add Fee Required		
6. Name and Address of Current Regist			ered Agent				7. Name	and Address of Nev	Registered /	Agent]
10170 1101010					Name	Name					l	
Jones, Nicasio a 10143 Somersby Drive					Street Address (P.O. Box Number is Not Acceptable)							
RIV	ERVIEW FL 3356	,						·				
					City				FL	Zip Code	9	
8. The above	1/2	ts this statement for the pu						8	Florida.			
	yginasie, typed or printed	applicable. (NOTE: Registered Agent signature required FILE NOW!!! FEE IS \$50.00				4000045628241						
	· · -	= Make Check: Payable to Department of				00/00/01 04/00 004						
-		Due By September 26, 2001					***	*50.00	****	50.00		
9.	M	NAGERS 10.					ADDITION	IS/CHANGES			1.	
TITLE President NAME NICASIO Sones Dr					LE ME				7.	Change	☐ Addition	(E/04)
STREET ADDRESS ID143 Somers by Br CITY-ST-ZIP Rwerview F1 33569				STREET ADDRESS CITY-ST-ZIP					_			100
TITLE NAME	1		☐ Delete	TITL						Change	Addition	5
STREET ADDRESS City-St-ZIP					ET ADDRESS -St-zip							
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STREET ADDRESS				STRE	ET ADDRESS							ļ
CITY-ST-ZIP TITLE	-		□ Delete	TITL	-ST-ZIP			<u>.</u>		☐ Change	Addition	$\frac{1}{2}$
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TITLE			Doloto	TITLE	-ST-ZIP		· · · · · · · · ·			[].Channa	- Addition	\cdot
NAME			☐ Delete	NAM	1					□-citalige~	- La Addition .	1
STREET ADDRESS					ET ADDRESS							.

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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE and TYPED OF PRINCED IN

SILPLE UMEUN HERE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Delete

813-837-3300 Daytime Phone #

Change

☐ Addition