| 2001 | UNIFOR | M BOSIN | E22 KEDO | KI | IORK | <u> </u> | | | | | .* | | i | |
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| DOCUMENT # L0000005578 1. Entity Name BEAUCAT, L.C. | | | | | | | | FILED | | | | | | |
| BEAUCAI | , L.O. | | | | | | | 0 | I APR | 12 AF | 19:40 | | | |
| 7610 HWY 41 | | 70 | Mailing Address 7610 HWY 41 NORTH | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | | | | |
| PALMETTO FL | . 34221 | P | ALMETTO FL 34221 | | | | 1 | | } 48 88 | | ONIA POCOJ DAJOL DIA | F 2000 F 2021 (880) | | |
| 2. Principal P | Place of Business | , 3. | 3. Mailing Address | | | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | | | | | |
| City & State | | | City & State | | | | 4. FEI Number Applied For | | | | | | | |
| Zip Country | | | Zip | 65-1 | | | 101673 | | d [] | \$5.00 A | | 7 | | |
| | 6. Name and Add | ress of Current Regis | tered Agent | • • | 4 · · · · · · · · · · · · · · · · · · · | | | | | w Register | Fee Required Agent | ed | { | |
| | | | | | Name | | | 7 7 | | | | | 7 | |
| PERRON, ANDRE R 2808 MANATEE AVENUE WEST BRADENTON FL 34205 | | | | | Street Add | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | 1 | |
| | | | | | City | ine | 110 | | | F | FL Z34 | ් | | |
| 8. The above | _ | 3 | ourpose of changing its | register | od office or re | egistered | agent, c | r both, in t | ne State of | Florida. | . 4 | | | |
| SIGNATURE | Signature, typed or printed nar | re of registered agent and title i | f applicable. (NOTE | : Registere | nd Agent signature | required wh | en reinstatin | g) | 2/ | /) / A | | | | |
| | | | FILE NO Make Check Pa | | FEE IS \$50 to Departm | | State | | | • | | | | |
| 9. | MA | NAGING MEMBERS/N | MEMBERS | 10. | | | | | ADDITIO | NS/CHANC | GES | | 1_ | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P & D LYERLY, J.S TC1003 NW PALME TO | 41 H. | ☐ Delete | | i | ŝ | | | , | | ☐ Change | ☐ Addition | 00/11/00 | |
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| 11. I hereby of indicated | on this report is true a | nd accurate and that m | ling does not qualify for ny signature shall have t owered to execute this r | the exe | emption stated | as if mad | de under | oath; that | lam a ma | es. I further maging me | certify that the mber or manag | information er of the | - | |
| SIGNAT | URE: AME | DR PRINTED NAME OF SIGNI | NO MANAGING MEMBER, MAN | AGER, OR | ALCHORIZED RI | EPRESENTA | ATIVE | 5//3 | /o/ | | Daytime Phone # | | | |