

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005736

1. Entity Name
PATHWAY PIG.COM, LC

Principal Place of Business
7605 WASHINGTON ROAD
WEST PALM BEACH FL 33405

Mailing Address
7605 WASHINGTON ROAD
WEST PALM BEACH FL 33405

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1008690

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAFFERTY, WILLIAM L JR, ESO
% RAFFERTY, GUTIERREZ & SANCHEZ-ABALLI, PA
1101 BRICKELL AVENUE, SUITE 1400
MIAMI FL 33131

Name
MR. THEODORE T. TARONE, JR.
Street Address (P.O. Box Number is Not Acceptable)
CHERRY + SPENCER, P.A.; THE FORUM, SUITE 600
1665 PALM BEACH LAKES BLVD
City
WEST PALM BEACH FL Zip Code
33411

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

800003993058--3
-04/12/01--01007--005
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MCGRUDER, SHAUN L
7605 WASHINGTON ROAD
WEST PALM BEACH FL 33405

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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 REQUIRED

3-21-01

561-659-9022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0013543 AF

CR2E083 (11/00)



DO NOT WRITE IN THIS SPACE

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA