2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
01 MAY -3 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000006871

1. Entity Name
MONEY MAKER DEPOT, LLC

Principal Place of Business: CHANGE TO ↓
Mailing Address: CHANGE TO ↓

2. Principal Place of Business	3. Mailing Address
1000 OX BOTTOM ROAD	1000 OX BOTTOM ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TALLAHASSEE, FL	City & State: TALLAHASSEE, FL
Zip: 32312 Country: USA	Zip: 32312 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3651182 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ALLIED HOME EQUITIES, INC.
1543 OX BOTTOM ROAD
TALLAHASSEE, FL 32312

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable): 1000 OX BOTTOM ROAD
City: TALLAHASSEE FL Zip Code: 32312

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: D.W. Bunnell, Pres. DATE: 4-28-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

000004323720--5
-05/25/01--01073--023
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER D.W. BUNNELL 1000 OX BOTTOM ROAD TALLAHASSEE, FL 32312 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: D.W. Bunnell, Managing Member D.W. BUNNELL 4-28-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE Date