

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2003 8:00 am
Secretary of State

09-05-2003 90067 002 ****50.00

0007100

DOCUMENT # L00000006945

1. Entity Name

SYSTEMS LOGICS COMPANY, LLC



Principal Place of Business

1422 SAN MARCO BOULEVARD, SUITE 1422
JACKSONVILLE FL 32207

Mailing Address

1422 SAN MARCO BOULEVARD, SUITE 1422
JACKSONVILLE FL 32207

2. Principal Place of Business

3518 Hilliard Rd

Suite, Apt. #, etc.

3. Mailing Address

3518 Hilliard Rd

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32217

Country

USA

Zip

32217

Country

USA

4. FEI Number

59-3663494

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE **P** ☐ Delete
NAME **NOE, PHILIP**
STREET ADDRESS **1138 GREENRIDGE RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **VP** ☐ Delete
NAME **GIBBS, DONNA H**
STREET ADDRESS **3518 HILLIARD RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **10562 Scott Mill Rd**
CITY-ST-ZIP **Jacksonville, FL 32257**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

9/3/03

904 731 8709

Daytime Phone #

CR2E083 (4/03)