

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006973

1. Entity Name

KING FAMILY INVESTMENTS, LLC

Principal Place of Business

19 BAY BRIDGE ROAD
KEY LARGO FL 33037

Mailing Address

19 BAY BRIDGE ROAD
KEY LARGO FL 33037

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

01 AUG 13 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1048933

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

CRYSTAL, NEIL R ESQ.
DUNWOODY WHITE & LANDON P.A.
550 BILTMORE WAY, SUITE 810
CORAL GABLES FL 33134

Name

MARY FLOYD KING

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

19 Bay Ridge Rd.

City

KEY LARGO

FL

Zip Code

33037

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

Mary Floyd King, Manager

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-26-01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

Due By September 26, 2001

100004546351--9

-08/21/01--01015--033

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME MARY FLOYD KING
STREET ADDRESS 19 BAY RIDGE RD
CITY-ST-ZIP KEY LARGO, FL 33037

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE MGR
NAME ELENA W. KING
STREET ADDRESS 3517 LIVINGSTON ST, NW.
CITY-ST-ZIP WASHINGTON, DC 20015

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

ELENA W. KING

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

Date

Daytime Phone #

7/26/01 202-342-2392

CR2E083 (5/01)