

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90011 020 ****50.00

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

19 Bay Ridge Rd

Suite, Apt. #, etc. =

3. Mailing Address

19 Bay Ridge Rd

Suite, Apt. #, etc.

City & State

Key Largo FL

Zip
33037

Country

USA

City & State

Key Largo FL

Zip

33037

Country

USA

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

**KING, MARY FLOYD
 19 BAY BRIDGE ROAD
 KEY LARGO FL 33037**

7. Name and Address of New Registered Agent

Name

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

19 Bay Ridge Rd

City

FL

Zip Code

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. → **correcting address.**

SIGNATURE

Mary Floyd King, Managing/Registered Agent **4/7/02**

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **KING, MARY FLOYD**
 STREET ADDRESS **19 BAY BRIDGE ROAD**
 CITY-ST-ZIP **KEY LARGO FL 33037**

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

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 **19 Bay Ridge Rd**
 CITY-ST-ZIP

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:

Mary Floyd King, Managing/Registered Agent **4/7/02**

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

Date

Daytime Phone #

CR2E083 (9/01)