

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**

05-03-2002 90056 031 \*\*\*\*55.00

DOCUMENT # **L00000007159**

1. Entity Name

**PREDACIOUS L.L.C.** ✓

**DO NOT WRITE IN THIS SPACE**

**951568**

2. Principal Place of Business

**PREDACIOUS LLC**

Suite, Apt. #, etc.

**530 West 5th St. #1**

City & State

**Boca Grande, FL**

Zip

**33921**

Country

**USA**

3. Mailing Address

**PREDACIOUS LLC**

Suite, Apt. #, etc.

**P.O. Box 1610**

City & State

**Boca Grande, FL**

Zip

**33921**

Country

**USA**

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4. FEI Number

**65-1118169**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name **David Jones**

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

**530 West 5th St #1**

City **Boca Grande**

**FL**

Zip Code  
**33921**

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

*David M Jones*

**David M Jones President 4-26-02**

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**President  
David Jones  
530 West 5th St #  
Boca Grande FL 33921**

TITLE  
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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:

*David M Jones*

**David M Jones**

**4-26-02 (941)964-1174**

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

DATE

DAYTIME PHONE #

CR2E083B (12/01)