

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007516

1. Entity Name

664 STATE STREET, L.L.C.

FILED

01 APR -9 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

226 NORTH DUVAL STREET
TALLAHASSEE FL 32301

Mailing Address

226 NORTH DUVAL STREET
TALLAHASSEE FL 32301

2. Principal Place of Business

3. Mailing Address

P.O. BOX 13633

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
TALLAHASSEE, FL.

4. FEI Number

59-3677235

Applied For

Not Applicable

Zip

Country

Zip

Country

32317

LEON

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

LINDSEY, WM. SCOTT
1407 PIEDMOND DRIVE EAST
TALLAHASSEE FL 32312

Name

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

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RUDNICK, JAMES M
226 NORTH DUVAL STREET
TALLAHASSEE FL 32301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800004013968-7
-04/17/01--01096--017
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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:

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

Date

Daytime Phone #

4/6/01

850-671-1999

CR2E083 (11/00)