

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90047 005 ****50.00

DOCUMENT # L00000007598

1. Entity Name

NFOFS HOLDINGS, L.L.C.

Principal Place of Business

**4131 UNIVERSITY BLVD SOUTH
 BLDG 1
 JACKSONVILLE FL 32216**

Mailing Address

**4131 UNIVERSITY BLVD SOUTH
 BLDG 1
 JACKSONVILLE FL 32216**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3681862

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MOTOLAW INC
 50 NORTH LAURA ST
 SUITE 2750
 JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name **Gregory W. Hartley, DMD**

Street Address (R.O. Box Number is Not Acceptable)
4131 UNIVERSITY BLVD S. #1

City **JACKSONVILLE**

FL

Zip Code **32216**

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 must be printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/18/02

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **HARTLEY, GREGORY W DMD**
 STREET ADDRESS **4131 UNIVERSITY BLVD., STE #1**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **MGRM** ☐ Delete
 NAME **WOODS, DAVID D DMD**
 STREET ADDRESS **4131 UNIVERSITY BLVD., STE #1**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **MGRM** ☐ Delete
 NAME **O'BRIEN, DAVID A DMD**
 STREET ADDRESS **4131 UNIVERSITY BLVD., STE #1**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

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
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/18/02

904-737-6733

Date

Daytime Phone #

CR2E083 (9/01)