

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

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90597 008 ****50.00

DOCUMENT # **L00000007725**

1. Entity Name

22ND MANAGEMENT, LLC

DO NOT WRITE IN THIS SPACE

958293

2. Principal Place of Business

5632 Elmhurst Cir.

3. Mailing Address

SAME

Suite, Apt. #, etc.

#100

Suite, Apt. #, etc.

City & State

Oviedo, FL

City & State

4. FEI Number

59-3672587

Applied For

Not Applicable

Zip

32765

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Cynthia Faulk

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

5632 Elmhurst Circle

#100

City

Oviedo

FL

Zip Code

32765

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

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
**MGRM
Jody Faulk
5632 Elmhurst Cir #100
Oviedo, FL 32765**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
Cynthia Faulk
5632 Elmhurst Cir #100
Oviedo, FL 32765**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
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IN THIS SPACE**

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: **Cynthia Faulk**

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

5/1/02 407-673-4791

Date

Daytime Phone #

CR2E083B (12/01)