

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2003 8:00 am
Secretary of State

09-19-2003 90065 009 ****50.00

DOCUMENT # L00000008101

1. Entity Name

FROG POND, LLC



Principal Place of Business

**600 DIXIE DR
TALLAHASSEE FL 32304**

Mailing Address

~~P.O. BOX 2535
TALLAHASSEE FL 32310-2535~~

2. Principal Place of Business

3. Mailing Address

6260 Dupont Station Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip

Country

32217

Country

u.s.

4. FEI Number **59-3656677**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEONI, STEVEN M
235 OCALA ROAD SOUTH
TALLAHASSEE FL 32304**

Name

Price, Charles B

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

6260 Dupont Station Court

Suite D

City

JACKSONVILLE

FL

Zip Code

32217

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

9/17/03

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LEONI, LLC
235 OCALA RD. SOUTH
TALLAHASSEE FL 32304** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SAM & CHARLES, LLC
6299-5 POWERS AVE
JACKSONVILLE FL 32217** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**6260 DUPONT STATION CT Suite D
JACKSONVILLE FL 32217** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Delete

TITLE
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 REQUIRED

9/16/03 367-1700

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

Date Daytime Phone #

CR2E083 (4/03)