2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000008117* 1. Entity Name ARAHATCHEE, LLC						FILED OI MAR 28 PM 2: 10					
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Principal Place of Business Mailing Address 9700 PHILIPS HIGHWAY, SUITE 101 9700 PHILIPS HIGHWAY. SUITE 101								5 7			
JACKSONVILLE FL 32256 JACKSONVILLE FL 32256				` `	İ						
									A 30 3 0 1 46 1 1 46 1	٠	
Principal Place of Business 3. Mailing Address					_						
Suite, Apt.	#, etc.		·	DO NOT WRITE IN THIS SPACE							
City & Stat	е	City & State	City & State			4. FEI Number Applied For					
Zip	Country	Zip	Zip Counti			ficate of Status Desired		\$5.00 Add	ot Applicable ditional	$\frac{1}{2}$	
								Fee Require		4-	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
HALLORAN, PAUL				Street Address (P.O. Box Number is Not Acceptable)							
9700 PHI			·				4				
JACKSONVILLE FL 32256				City				Zip Cod		-	
							FL	. Zip Cod		4	
8. The above	named entity submits this stateme	ent for the purpose of changing it	s registere	ed office or regis	stered agent,	or both, in the State of Flo	rida.				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required						ing)	DATE				
	Signature, typed or printed flashe or registered to									1_	
	- f.	FILE N Make Check P		FEE IS \$50.0 o Departmen							
9. TITLE	MANAGING ME	EMBERS/MEMBERS Delete	10. TITLE			ADDITIONS/	CHANGES	☐ Change	☐ Addition	1	
NAME	ADIUM, LLC		NAM	E						14.1	
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NAME STREET ADDRESS			NAME STREE	E Et address			•	÷			
CITY-ST-ZIP				-ST-ZIP							
11. I hereby c indicated limited liab	ertify that the information supplied on this report is true and accurate pility company or the receiver or tri	with his filing does not qualify for and that my signature shall have istee empowered to execute this	the exer the same report as	mption stated in e legal effect as i required by Ch	Section 119.0 if made under apter 608, Flo	07(3)(i), Florida Statutes. I r oath; that I am a manag rida Statutes.	further cer ing membe	ify that the ir r or manage	nformation r of the		
SIGNAT		LIME OF SIGNING MANAGING MEMBER, MA	ITA I	ALTHOPETED DEPART	COCNTATO (F	1-53-5001		1-996-	-7 0 84		
	SISTEM OF ARE LIFED OR PRINTED NA	OF SIGNING MANAGING MEMBER, MA	почэЕЛ, UH	MINORIZED MEPRE	SERIALIYE	Date	D:	aytime Phone #		1	