

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90115 033 ****55.00

DOCUMENT # L00000008284

1. Entity Name

CARMICHAEL ADVISORY SERVICES, LLC.

Principal Place of Business

**201 E. PINE STREET, SUITE 500
 ORLANDO FL 32801**

Mailing Address

**201 E. PINE STREET, SUITE 500
 ORLANDO FL 32801**

2. Principal Place of Business

301 E. PINE ST

Suite, Apt. #, etc.

SUITE 150

City & State

ORLANDO FL

Zip

32801

Country

USA

3. Mailing Address

301 E. PINE ST

Suite, Apt. #, etc.

SUITE 150

City & State

ORLANDO FL

Zip

32801

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3657741

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CARMICHAEL, GREGORY S
 201 E. PINE STREET, SUITE 500
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent

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

Gregory S Carmichael

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

(NOTE: Registered Agent signature required when reinstating)

DATE

31 JAN 02

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

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**MGRM
 CARMICHAEL, GREGORY S
 504 E CENTRAL
 ORLANDO FL 32801**

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10. ADDITIONS/CHANGES

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 CITY-ST-ZIP

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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:

Gregory S Carmichael

GREGORY S CARMICHAEL

(407) 835-3639

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

Date **31 Jan 02** Daytime Phone #

CR2E083 (9/01)