

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009088

1. Entity Name

CMC TAL, L.L.C.

FILED

01 AUG -2 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1415 TIMBERLANE ROAD
TALLAHASSEE FL 32312

Mailing Address

2727 APALACHEE PARKWAY
TALLAHASSEE FL 32301

2. Principal Place of Business

1415 Timberlane Rd.

3. Mailing Address

1415 Timberlane Rd.

Suite, Apt. #, etc.

217

Suite, Apt. #, etc.

217

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

05-1036443

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILKINSON, BEN H
215 S. MONROE STREET
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME CRONA, WILLIAM D
STREET ADDRESS 2020 LEE AVENUE
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE MGR ☐ Delete
NAME COHEN, TOMMY
STREET ADDRESS 6942 SALAMANCA AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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

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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: WILLIAM D. CRONA

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

8/1/01 850-893-9633

Date Daytime Phone #

CR2E083 (5/01)