Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)									
DOCUMENT # L0000009324 1. Entity Name ACT A POC RP500						FILED			
KEY LARGO PRESS, L.C.						01 APR -3 PH 3:57			
Principal Place of Business Mailing Address						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
24 DOCKSIDE LANE. PMB #42		24 DOCKSIDE LANE, P KEY LARGO FL 33037	24 DOCKSIDE LANE, PMB #42						
		•							
		3. Mailing Address				:			
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE				
City & State		City & State	•		4. FEI Number Applied For Not Applicable				
Zip	Country	Zip	Cou	intry		ificate of Status Desired	\$5.00 Ad Fee Require		
6. Name and Address of Current Registered Agent				Name	7. Nam	e and Address of New Register	ed Agent		
ROACH, WM DEAN					/DO Day I	Ambas is Nat Assault Is			
8 SOUTH ROAD				24 Doc	1-510C	Number is Not Acceptable) トムヘビ			
KEY LARGO FL 33037				PMB 42					
					160		Zip Cod	e 037	
8. The above nam	ned entity submits this statement f	or the purpose of changing it	s registe	red office or registe	ered agent,	or both, in the State of Florida.			
SIGNATURE	ature, typed or printed name of registered agent	and title if applicable. (NO	TE: Register	red Agent signature require	ed when reinstal	ing) DA1	ïE	<u> </u>	
		FILE N	IOW!!!	FEE IS \$50.00					
		• • • • • • • • • • • • • • • • • • •		to Department					
9.	MANAGING MEMB	ERS/MEMBERS	10			ADDITIONS/CHANG	ES		
NAME PROSIDENT / MENTIGING Member Delete			TITI		····		☐ Change	Addition	
	B 421	NA! STA	ME REET ADDRESS				-)		
CITY-ST-ZIP	cel Laigo, FL 330	37		Y-ST-ZIP					
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STREET ADDRESS	v.	. .	STR	EET ADDRESS		· .		,	
11. I hereby certify	that the information supplied with	this filing does not qualify fo	r the eve	r-ST-ZIP emption stated in Se	ection 119.0	07(3)(i), Florida Statutes, I further	certify that the in		
indicated on th limited liability	is report is true and accurate and company or the receiver or trustee	that my signature shall have empowered to execute the	the same	e legal effect as if r s required by Chap	nade under ter 608, Flo	oath; that I am a managing men rida Statutes:	nber or manager	r of the	
	OF CORNE	TOR BALL	•• • • • • • •			3/20/1	-		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date									