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2001	UNIFORM	BUSINESS	REPORT	(UBR)

DOCUMENT # L0000009746 1. Entity Name SIX L'S HOLDINGS, LLC						FILED				
Principal Place of Business 315 E. NEW MARKET ROAD P.O. BOX 3088 IMMOKALEE FL 34142 IMMOKALEE FL 34143						O1 APR 16 PM 10: 57 SECRETARY OF STATE TALLAHASSEE ELORIDA				
Principal Place of Business Address Mailing Address				,			 		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State		4. FEIN	umber			plied For t Applicable		
Zip		Country	Zip Counti		try		5. Certificate of Status Desired \$5.00 Additional Fee Required			
	6. Name	and Address of Current F	Registered Agent		Name	7. Name	and Address of New R	egistered	Agent	
MALONEY, DANEIL J Maloney, Daniel J. 315 E. NEW MARKET ROAD IMMOKALEE FL 34142				Street Address (P.O. Box Number is Not Acceptable)						
IMMONAL	LL IL OTI	7L			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 ar	nd title if applicable. (NOTS	: Registere	d Agent signature re	quired when reinstatin	9)	DATE		
			Make Check Pa		FEE IS \$50. o Departme					
9.	MODIA	MANAGING MEMBE		10.			ADDITIONS/	CHANGES	··	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SS 315 E. NEW MARKET ROAD STRI			NAM! STRE					☐ Change	Audition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	•	i i			····	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1		500034 -04/20 *****	/01 50.00	0 10 4*******	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		☐ Delete		- 1				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	CITY	E Et address -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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MAGGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Description 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: Date Deptime Phone #										
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