

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L000000009889**

1. Entity Name

Peddie stone LLC

FILED

01 OCT 12 PM 12:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**1740 Beechwood CR N. TALLAHASSEE FL.
32301**

2. Principal Place of Business

Same

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TALLAHASSEE FL.

City & State

FL. 32301

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

32301

Country

LEON

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**Michael Shawn PEDDIE
1740 Beechwood CR N.
TALL 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 **Shawn Peddie**

(NOTE: Registered Agent signature required when reinstating)

8/19/01

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

**800004640268--3
-10/17/01--01076--027
*****50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

TITLE **mgrm**
NAME **Michael Shawn Peddie**
STREET ADDRESS **1740 Beechwood CR.**
CITY-ST-ZIP **TALLAHASSEE FL. 32301**

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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: **Shawn Peddie**

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

Date

Daytime Phone #

CR2E083 (11/00)