

FILED
Jun 06, 2002 8:00 am
Secretary of State

06-06-2002 90088 005 ****50.00

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000010004

1. Entity Name

Work Steps of Ocala, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2433 SW 20th Court

Suite, Apt. #, etc.

3. Mailing Address
2433 SW 20th Court

Suite, Apt. #, etc.

City & State
Ocala, Florida

City & State
Ocala, Florida

4. FEI Number
59-3665087

Applied For
Not Applicable

Zip
34474

Country
USA

Zip
34474

Country
USA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name
Sue Rosin

Street Address (P.O. Box Number is Not Acceptable)
2433 20th Court

City Ocala **FL** **Zip Code** 34474

**DO NOT WRITE
IN THIS SPACE**

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

Sue Rosin

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

DATE

IFEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
Manager
NAME
Sue Rosin
STREET ADDRESS
2433 SW 20th Court
CITY-ST-ZIP
Ocala, Florida 34474

TITLE
Manager
NAME
Montel L. Guerrette
STREET ADDRESS
2433 SW 20th Court
CITY-ST-ZIP
Ocala, Florida 34474

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 60B, Florida Statutes.

SIGNATURE:

Sue Rosin

Sue Rosin, Manager

352-854-9870

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

Date

Daytime Phone #

CR2E083B (12/01)