2001	UNIFORM	BUSINESS	REPORT.	(UBR)
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2001	ONIFORM BOS	NE22 KEPUI	\$1-(UB	K)	,				
DOCUMENT # L0000010166									
CANYON RESOURCES, LLC				-	FILED				
Principal Plac	o of Rusiness	Mailing Address			200	JUN -7 1	PM 5: 11		
, ,	ADISON STREET	220 EAST MADISON STREE	ΞT		DIVIS	ION OF COR	PORATIONS FLORIDA		
SUITE- 1204- Tampa FL 33	- 1211	SUITE 120年			IAL	LAHASSEE,	FLORIDA		
		1AMPA 11 53002							
1 '	Place of Business East Madison St	3. Mailing Address 22さそのがア	nadison	5/		 	I ISOTO DIFIO DITE IONI .		
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WRITE	N THIS SPACE			
City & State	e .	City & State Tampa FL		4. FEI N	lumber	<u>:</u>	Applied For		
Zip	Tampa FL Country	Zip	Country U.S.A		5. Certificate of Status Desired		Not Applicable Additional		
336	6. Name and Address of Current I	3 36 o 2	<u> </u>	<u>_</u>	e and Address of New Re	Fee Rec	quired		
	O. INDING BITO AUDICES OF OUTTON	педізісіей Аўсііі	Name	f a requestion	5 diu Addioso oi morr	Riproton Without	-		
	, SHIRLEY ~		Street A	Street Address (P.O. Box Number is Not Acceptable)					
220 EAST	T MADISON STREET					·			
TAMPA F	· · · · · · · · · · · · · · · · · · ·		City			FL Zip	Code		
8. The above	named entity submits this statement for	r the purpose of changing its re	gistered office o	r registered agent,	or both, in the State of Flori	da.			
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent signs	ture required when reinstati	ing)	DATE			
		FILE NO		\$50.00		-1			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department o									
9.	MANAGING MEMBE	ERS/MEMBERS	10.		ADDITIONS/C	-			
TITLE	man James	Delete	TITLE NAME		sing Member		ange Addition		
STREET ADDRESS CITY-ST-ZIP	220 to at mate	ST 121	STREET ADDRESS CITY-ST-ZIP	220 20	est madison	St # 121	1/		
TITLE		☐ Delete	TITLE	Tam	pa FL 33602	Cha	ange Addition		
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CITY-ST-ZIP			CITY-ST-ZIP		-06/06 *****	70101U3:	3U25 		
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CITY-ST-ZIP			CITY-ST-ZIP			<u>.</u>			
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: Colors Colors									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Desylime Phone #									