

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000011198**1. Entity Name
SUWANNEE VALLEY SANITARY MAINTENANCE, LLCPrincipal Place of Business
RT. 4 BOX 347-3
LAKE CITY FL 32024
Mailing Address
RT. 4 BOX 347-3
LAKE CITY FL 320242. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country4. FEI Number
59-3671405
Applied For
Not Applicable5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BALES RICHARD CSR
RT. 4 BOX 347-3
LAKE CITY FL 32024
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 **RICHARD C. BALES SR.****04/29/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State9. MANAGING MEMBERS / MEMBERS
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
10. ADDITIONS / CHANGES
TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP
LAKE CITY FL 32024
MGR BALES, SR. RICHARD C
RT. 4, BOX 347-3
LAKE CITY FL 32024

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: RICHARD C. BALES, SR.**MGR 04/29/2001**

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

Date

Daytime Phone #

CR2E083 (11/00)