2001 UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE TALLAHASSEE, FLORIDA PO BOX 83121	DOCUMENT # L0000012146 1. Entity Name REBECCA STEPHENS LLC								FILED 01 MAY -2 PM 1: 36							
Suite, Apt. #, otc. City & State Cuty State Suite, Apt. #, otc. Incorporate State Country Suite Address of New Registered Agent T. Name and Address of New Registered Agent Name Street Address (PO Box Number is Not Acceptable) Suite A	PO BOX 831221 PO BOX 831221								SE TAL	CRETA LAHAS	RY OF	STA FLOF	TE RIDA	a kner blek erne		
City & State Country Country S. Certificate of Status Desired Name (Street Address (P.O. Box Number is Not Acceptable) Signal Address of Now Registered Agent City FL Zip Code City City City FL Zip Code City C	Principal Place of Business 3. Mailing Address															
Signed Address of Current Registered Agent	Suite, Apt. #, etc. Suite, Apt. #, etc.								DO NOT WRITE IN THIS SPACE							
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEPHENS, REBECCA 95 TEAK RD. OCALA FL 34470 City FL Zip Code City FL Zip Code	City & State	e -	City 8	State				-4- FEI N 539	lumber= - 46 -	477	7	-	N	ot Applicab	_	
STEPHENS, REBECCA 95 TEAK RD. OCALA FL 34470 Eity FL Zip Code City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its reg stered offices or registered agent, or both, in the State of Florida. SIGNATURE Signature Signatu	Zip Country		Zip	Zip		Country .		5. Certif	icate of Stat	us Desired		\$ {	5.00 Ad e Require	ditional ed		
SITEPHENS, REBECCA 95 TEAK RD. OCALA FL 34470 City FL Zip Code		6. Name and Address of Curr	ent Registered	Agent		Nome		7. Name	and Addre	ess of New	Register	ed Ag	ent			
8. The above named entity submits in a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or privated name of registered agent and title if applicable [NOT] Registered Agent poyular required when reinstation;	95 TEAK RD.					Street Ad	ddress (F	P.O. Box N	umber is No	ot Acceptab		FL	Zip Coo	- le		
TITLE INAME INAME INAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE COCANA Addition Addition Addition Addition TITLE COCANA Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE COCANA ADDRESS CITY-ST-ZIP TITLE COCAN	SIGNATURE .	Signature, typed or printed name of registered a		FILE N	WIII-	FEE IS \$	50.00	<u> </u>	ng)		DA	TE				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	9.									ADDITION	S/CHAN		7 Change	L.J. Verginie		
TITLE	NAME Street address	Rebecca Stephens 95 Teak RD			NAM Str	AE EET AODRESS							Change	Additio	E083 (11/0/	
NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREE	NAME STREET ADDRESS	Concern 1	- 7.70		NAM STR	AE EET ADDRESS							Change	Addition	an à	
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	NAME . STREET ADDRESS			☐ Delete	NAM STR	ME EET ADDRESS			200	0004 -05/2 -****	130 3/01- *50.0	3 1 -01	72 117	1 007 50:00-	,	
NAME STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CHAnge Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	NAME Street address			☐ Delete	NAM STR	ME EET ADDRESS)					[Change			
NAME STREET ABDRESS CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS			☐ Delete	NAM STR	ME IEET ADORESS						[∐ Additi	on	
The state of the s	NAME . STREET ABORESS CITY-ST-ZIP				NAM STR CIT	ME IEET ADDRESS Y-ST-ZIP										

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MALIAGER, OR AUTHORIZED REPRESENTA

Date Daytime Phone #