2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUI	MENT # L000(00012839			. FILED		
ATN OF F	LORIDA, LLC	,			DIMAY IT AM S	2: 27	
	•	,			GITHETT HIT J. Z. J.		
		· · · · · · · · · · · · · · · · · · ·	<u> </u>		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place	e of Business	Mailing Address	Mailing Address				
495 MICKLETC	N LOOP	495 MICKLETON LOOP				1	
OCOEE FL 34761 OC		OCOEE FL 34761	•				
					I BRITANI ANI AANIA BANKI AANII BANKI A	; 	
2. Principal Pl	ace of Business	3. Mailing Address	Mailing Address		19011841 OLI OOTIK BRILL ORIH BRILL I		IIII I I I I I I I I I I I I I I I I I
			20505 US 19 NORTH		DO NOT MUITE IN THE SPACE		
Suite, Apt.	#, etc		Suite, Apt. #, etc. #12 - 136		DO NOT WRITE IN THIS SPACE		
City & State	3	City & State	City & State		4. FEI Number Applied For		
		CUBALWATE	CUBALWATEL RL		Not Applicable		
Zip	Country	zi33764	Country	5 Cortif	icate of Status Desired	55.00 Add	litional
			·			Fee Required	
	6. Name and Address of Currer	nt Registered Agent	None	7. Name	and Address of New Reg	Istered Agent	
			Name				
					umber is Not Acceptable)	-	
495 MICKI	ETON LOOP 20502 "	-/	•			<u>!</u>	1
000EE FL 34761 #12-136 CLEARWATER, PL 33764 City FI Zip Code							
	CLEARWA	478K, PC 33767	City		·	FL Zip Code	Э
4 The shave	named antity sylpmits this statement	for the purpose of changing its r	aciatored office or re-		Both in the State of Florid		
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 _	DANIAN FREM	-A-N	4	6 *		5/1/01	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rensating) DATE							
FILE NOW!!!-FEE-IS \$50.00							
Make Check Payable to Department of State							
		maile directively	abio to bopartino				
9.	MANAGING MEM		10.		ADDITIONS/CH	HANGES	
IIITE _0	DAMIAH FREEMAN	∆ Delete	TITLE	-	☐ Change ☐ Addition		
NAME	DAMIAN FREEMAN Delete 20505 45 19 NORTH #12-136		NAME		4		4
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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:

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

6/1/01 727 - 841-6442

Date Daytime Phone #

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