

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90186 006 *****50.00

0064190

DOCUMENT # L00000012977

1. Entity Name
FRS, LLC



Principal Place of Business
**9312 SE 70TH TERRACE
OCALA FL 34472**

Mailing Address
**9312 SE 70TH TERRACE
OCALA FL 34472**

2. Principal Place of Business

8444 Leeward Air Ranch Circle

3. Mailing Address

8444 Leeward Air Ranch Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala FL

City & State

Ocala FL

Zip

34472

Country

US

Zip

34472

Country

US



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3677399**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KAPP, VIRGIL E
9312 SE 70TH TERRACE
OCALA FL 34472**

7. Name and Address of New Registered Agent

Name **Virgil Kapp**
Street Address (P.O. Box Number is Not Acceptable)
8444 Leeward Air Ranch Circle
City **Ocala** **FL** Zip Code **34472**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **KAPP, VIRGIL E**
STREET ADDRESS **9312 SE 70TH TERRACE**
CITY-ST-ZIP **OCALA FL 34472**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **KAPP Virgil E**
STREET ADDRESS **8444 Leeward Air Ranch Circle**
CITY-ST-ZIP **Ocala FL 34472**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 REQUIRED

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

07/21/03 352-347-1605

Date

Daytime Phone #

CR2E083 (10/02)