LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #- L00000013654

1. Entity Name

Bad Moon Rising, LLC, a Florida limited liability company

DO NOT WRITE IN THIS SPACE

R2E083B (12/01)

2. Principal Place of Business **500 S. Florida Avenue**	**3.** Mailing Address **500 S. Florida Avenue**
Suite, Apt. #, etc. **Suite 800**	Suite, Apt. #, etc. **Suite 800**
City & State **Lakeland, FL.**	City & State **Lakeland, FL.**

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Zip **33801**	Country **USA**	Zip **33801**	Country **USA**

4. FEI Number **593690355** | Applied For | Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name **Ronald L. Clark**

Street Address (P.O. Box Number is Not Acceptable)
500 S. Florida Avenue, Suite 800

City **Lakeland** FL Zip Code **33801**

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

DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	**Managing Member**
NAME	**Ronald L. Clark**
STREET ADDRESS	**500 S. Florida Avenue, Suite 800**
CITY - ST - ZIP	**Lakeland, FL 33801**

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

(additional blank entries)

DO NOT WRITE IN THIS SPACE

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 SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #