

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91553 025 ****50.00

DOCUMENT # 100000013967
1. Entity Name

A GRAND EVENT, LLC

DO NOT WRITE IN THIS SPACE

949277

2. Principal Place of Business
12861 Dunes Lake Terrace

Suite, Apt. #, etc.

3. Mailing Address
12861 Dunes Lake Terrace

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Jacksonville, Florida

City & State
Jacksonville, Florida

4. FEI Number
59-3665855

Applied For
Not Applicable

Zip
32225

Country
US

Zip
32225

Country
US

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
RAX CO.

Street Address (P.O. Box Number is Not Acceptable)
c/o Jason E. Campbell

50 N. Laura Street, Suite 3300

City
Jacksonville

FL

Zip Code
32202

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

Jason E. Campbell

Jason E. Campbell, VP 2/22/02

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
MGRM
Hopkins, Kathleen R.
STREET ADDRESS
9360 Craven Rd., #802
CITY-ST-ZIP
Jacksonville, Florida 32257

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
MBR
Clarke, Kimberly D.
STREET ADDRESS
12861 Dunes Lake Terrace
CITY-ST-ZIP
Jacksonville, Florida 32225

TITLE
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CITY-ST-ZIP

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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:

Kimberly D. Clarke

Kimberly Clark, Member

4/14/02

Date

Daytime Phone #

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

CR2E083B (12/01)