

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014446

1. Entity Name

LANGFORD PARTNERS, LLC

Principal Place of Business

222 W. COMSTOCK AVE., STE. 101
WINTER PARK FL 32789

Mailing Address

222 W. COMSTOCK AVE., STE. 101
WINTER PARK FL 32789

2. Principal Place of Business

512 E. Washington Street

Suite, Apt. #, etc.
Suite 200

3. Mailing Address

512 E. Washington Street

Suite, Apt. #, etc.
Suite 200

City & State

Orlando, FL 32801

City & State

Orlando, FL 32801

Zip

32801

Country

USA

Zip

32801

Country

USA

FILED

01 SEP 20 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3682930

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GODBOLD, GENE H
222 W. COMSTOCK AVE., STE. 101
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name James R. Heistand

Street Address (P.O. Box Number is Not Acceptable)

512 E. Washington Street, Suite 200

City

Orlando

FL

Zip Code
32801

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.

(NOTE: Registered Agent signature required when reinstating)

09/28/01
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

000004614380--6
-09/27/01--01089--014
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MM James R. Heistand ☐ Delete
NAME
STREET ADDRESS 512 E. Washington Street, Suite 200
CITY-ST-ZIP Orlando, Florida 32801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

Date

Daytime Phone #

407-650-10523

STAPLE CHECK HERE

CR2E083 (5/01)