

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000014711**

1. Entity Name

LDI BRANDON, LLC

FILED

Principal Place of Business

**1680 ROBERTS BLVD., SUITE 406
KENNESAW GA 30144**

Mailing Address

**1680 ROBERTS BLVD., SUITE 406
KENNESAW GA 30144**

01 OCT -4 PM 12:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2859 Paces Ferry Rd

3. Mailing Address

2859 Paces Ferry Rd

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

300

City & State

Atlanta, GA

City & State

Atlanta, GA

4. FEI Number

58-2587248

Applied For

Not Applicable

Zip

30339

Country

USA

Zip

30339

Country

USA

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

6. Name and Address of Current Registered Agent

**LEDBETTER, LARRY
C/O BRUSTERS
10629 ULMERTON ROAD
LARGO FL 33771**

7. Name and Address of New Registered Agent

Name

Larry Ledbetter

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

90 Brusters

1836 W. Lumsden Rd

City

Brandon

FL

Zip Code

33511

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)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
Due By September 26, 2001**

300004637093--5

-10/15/01--01079--007

*******50.00 *****50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE **Manager** ☐ Delete
NAME **Larry Ledbetter**
STREET ADDRESS **1093 Langwood Dr.**
CITY-ST-ZIP **Woodstock, GA 30189**

10. ADDITIONS/CHANGES

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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

9/20/01 770-384-1280

Date Daytime Phone #

CR2E083 (5/01)