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

FILED Sep 30, 2002 8:00 am Secretary of State 09-30-2002 90174 040 ****50.00

DOCUMENT # L00000014789 1. Entity Name Love Unlimited, LLC						09 30 2	002 2017 1	010 30.00	
DO NOT WRITE IN THIS SPACE						981261			
Principal Place of Business 136 Wellwood Lane			3. Mailing Address Same						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State Palm Coast, FL			City & State			4. FEI Number 65-1056145 Applied For Not Applicable			
Zip Country 31254		ountry	Zip	Country		5. Certificate of Status Desired	□ \$5	.00 Additional	
					Mana	7. Name and Address of Curren			
DO NOT WRITE					Name Margaret Lenzner				
					Street Address (P.O. Box Number is Not Acceptable)				
IN THIS SPACE					136 Wellwood Lane				
					City Palm coast FL Zip Code 31264				
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 applicables. Margaret Lenzner 9/25/02									
· · · · · · · · · · · · · · · · · · ·				FEE IS	esa aa	co Sp.	DATE		
			Make Check	Payable t	o Department of				
				DUEBY	MAY1		*		
9.	MANAGING MEMBERS/MANAGERS Manager								
NAME	Nancy L. Mo	New TITE					120		
STREET ADDRESS CITY-ST-ZIP 335 Taylor Rd Turtletown,			ΓN 37391	596999999	ET ACORESS ST-ZIP			CRZE083B (1201)	
Manager Manager								ZEO	
NAME STREET ADDRESS	Terry McDaniel				CT ADORESS	E .			
335 Taylor Rd Turtletown, TN 37391					SF-ZP				
TITLE NAME				TITLE					
_STREET ADDRESS					T ADDRESS.				
CITY-ST- ZIP				CfTY	\$1-ZP	DO NOT WRITE			
title Name				Tetle Name		IN THIS S	SPACE	-	
STREET ADDRESS				90000000	ET AGORESS				
CITY-ST-ZIP				20000000	SE-20P				
name				TITLE NAME					
STREET ADORESS				STREE	T ACORESS.				
TITLE		 -		30,300	21-78.				
NAME				TRALE					
STREET ADDRESS CITY-ST-2IP				\$18E	T ADDRESS				
11. I hereby c	ertify that the inform	nation supplied with th	is filing does not qualify	for the even	sgrape nption stated in Sec	tion 119,07(3)(i), Florida Statutes. I	further certify t	nat the information	
limited liab	on this report is tru pility company or th	e and accurate and that he receiver or trustee ei	at my signature shall hav mpowered to execute th	e the same is report as	legal effect as if ma required by Chapte	tion 139,07(3)(i), Florida Statutes. I ade under oath; that I am a manag er 608, Florida Statutes.	ing member or	manager of the	

Nancy L. McDaniel

9-26-02

423-496-4226 Daytime Phone #