

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000015254**

1. Entity Name

NOBLE SHENANIGANS FARM, L.L.C.

Principal Place of Business

Mailing Address

**1811 S.E. 59TH STREET
OCALA FL 34480**

**1811 S.E. 59TH STREET
OCALA FL 34480**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCKENNA, CHRISTINE JANE
1811 S.E. 59TH STREET
OCALA FL 34480**

Name

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

City

FL

Zip Code

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

Christine J McKenna

(NOTE: Registered Agent signature required when reinstating)

11 Sept 2001

DATE

FILE NOW!!! FEE IS \$50.00

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

100004724841--3

-12/13/01--01061--021

*******5.00 *****5.00**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **Manager** ☐ Delete
NAME **Christine J McKenna**
STREET ADDRESS **1811 SE 59th St**
CITY-ST-ZIP **Ocala Florida 34480**

TITLE **Manager** ☐ Change ☒ Addition
NAME **Christine J McKenna**
STREET ADDRESS **1811 SE 59th St**
CITY-ST-ZIP **Ocala Florida 34480**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **100004724841--3**
-12/13/01--01061--022
*******50.00 *****50.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. I, **Christine J McKenna**, 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: **Christine J McKenna**

SIGNATURE REQUIRED

Christine J McKenna

11 Sept 2001

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

Date

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CR2E083 (5/01)

STAPLE CHECK HERE