## 2002 UNIFORM BUSINESS REPORT (UBR)

P.O. BOX 12964

PENSACOLA FL 32591

3. Mailing Address

City & State

Suite, Apt. #, etc.

## DOCUMENT # L0000015680 M.E. HEMBREE, L.L.C. Principal Place of Business Mailing Address

- Country

720 HIGHWAY 19 NORTH

Suite, Apt. #, etc.

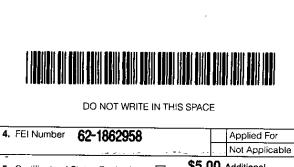
City & State

2. Principal Place of Business

MERIDIAN MS 39301

## Aug 04, 2002 8:00 am Secretary of State

08-04-2002 90160 001 \*\*\*\*50.00



	5. Certificate of Status Desired Fee Required
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HEMBREE, MARY	Name
: 60 INDIAN BAYOU DRIVE DESTIN FL 32540	Street Address (P.O. Box Number is Not Acceptable)
, 525,117, 2, 525,15	City 7in Code
	UIIV

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	e. (NOTE: Registered Agent signature required when reinstating
,	Má	FILE NOW!!! FEE IS \$50.00 ke Check Payable to Department of State Due By September 25, 2002

9.	MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNR HEMBREE, MARY E 3710 MACKEY COVE DRIVE PENSACOLA FL 32514	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Char	ge 🗀 A	ddition
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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 trus ee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: NING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE