

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015847

1. Entity Name

GREGORY AND CAROLE, LLC

FILED

01 MAY -1 PM 5:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1531 S Tamiami Trail
Suite 703
Venice FL 34292

1531 S Tamiam Trail
Suite 703
Venice FL 34292

2. Principal Place of Business

3. Mailing Address

1531 S Tamiami Trail
Suite 703
Venice FL 34292

1531 S Tamiami Trail
Suite 703
Venice FL 34292

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1069891

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

Name

ROD KHEIF

Street Address (PO Box or other)

1531 S Tamiami Trail
Suite 703
Venice FL 34292

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

500004287745-1

-05/22/01--01093--013

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

MANAGER
ROD KHEIF
1531 S Tamiami Trail
Suite 703
Venice FL 34292

TITLE ☐ Delete
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CITY-ST-ZIP

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

Date

Daytime Phone #

ROD KHEIF 4-27-01 941-497-4000

CR2E083 (11/00)