

FILED
Aug 01, 2002 8:00 am
Secretary of State

05-13-2002 90060 030 ****50.00

98059

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000000327

1. Entity Name

TWO OF A KIND PROPERTIES, LLC

Principal Place of Business

**290 CLYDE MORRIS BLVD.
B2
ORMOND BEACH FL 32174**

Mailing Address

**290 CLYDE MORRIS BLVD.
B2
ORMOND BEACH FL 32174**

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

65-1066134

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PYLE, MICHAEL A
1285 W. GRANADA BLVD.
SUITE 1
ORMOND BEACH FL 32174**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
James Post
94 W. Beach St
Ormond Beach, FL 32174**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice President
Curtis Wagner
1448 Helms Blvd
Windermere, FL 34786**

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CITY-ST-ZIP

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10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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 808, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone

4-25-02

386-623-0100

Attachment
98059

July 29, 2002

Florida Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

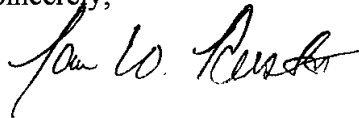
RE: Two of a Kind Properties, LLC
Reference Number: L01000000327

To Whom It May Concern:

Enclosed please find the report you requested further information on. I apologize for the delay. As you note, your letter was dated June 6, 2002. By the time it was received and retrieved from the mail I was out of state. I was gone from June 21st until July 22nd.

Thank you so much for your help in this matter. If I can be of any further assistance, please do not hesitate to contact my office.

Sincerely,



James W. Rust