

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

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90056 028 ****50.00

DOCUMENT # L 01000000573
1. Entity Name
SANDRA L. SIMMONS, LLC

DO NOT WRITE IN THIS SPACE

951571

2. Principal Place of Business
9191 SPRING HILL DR
Suite, Apt. #, etc.

3. Mailing Address
9191 SPRING HILL DR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SPRING HILL, FL

City & State
SPRING HILL, FL

4. FEI Number
65-1065967
Applied For
Not Applicable

Zip
34608

Country

Zip
34608

Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent -

Name
SANDRA L. SIMMONS
Street Address (P.O. Box Number is Not Acceptable)
9191 SPRING HILL DR.
City
SPRING HILL FL Zip Code
34608

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

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MANAGING MEMBER</u> <u>SANDRA L. SIMMONS</u> <u>9191 SPRING HILL DR.</u> <u>SPRING HILL, FL 34608</u>
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IN THIS SPACE**

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: Sandra L. Simmons 4/26/2002 352-683-7105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/01)