

5/12

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jun 23, 2002 8:00 am
Secretary of State

05-12-2002 90584 016 ****50.00

DOCUMENT # L01000001245

1. Entity Name

2631 NW 1ST AVENUE LLC

Principal Place of Business

830 N.W. 22ND TERRACE
GAINESVILLE FL 32605

Mailing Address

PO BOX 13116
GAINESVILLE FL 32604

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

59-3644134

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

COLLIER, MARIAN L
830 N.W. 22ND TERRACE
GAINESVILLE FL 32605

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|---------------------------------|--|---|
| MGRM COLLIER, MARIAN L 830 N.W. 22ND TERRACE GAINESVILLE FL 32605 | <input type="checkbox"/> | | <input type="checkbox"/> |
| | <input type="checkbox"/> | | <input type="checkbox"/> |
| | <input type="checkbox"/> | | <input type="checkbox"/> |
| | <input type="checkbox"/> | | <input type="checkbox"/> |
| | <input type="checkbox"/> | | <input type="checkbox"/> |
| | <input type="checkbox"/> | | <input type="checkbox"/> |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Marian L. Collier

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

Date

Daytime Phone #

Marian L. Collier, mgr

4/26/02

352/375-2152

CR2E083 (9/01)