

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

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90136 011 ****55.00

DOCUMENT # L010000061330
1. Entity Name Butler Management and Entertainment LLC ✓

DO NOT WRITE IN THIS SPACE

975187

2. Principal Place of Business
5238-20 Norwood Ave
Suite, Apt. #, etc.
City & State Jacksonville Florida
Zip 32208 Country U.S.

3. Mailing Address
5238-20 Norwood Ave
Suite, Apt. #, etc.
City & State Jacksonville, Florida
Zip 32208 Country U.S.

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4. FEI Number 59-3697044 Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name Cassandra Andrews
Street Address (P.O. Box Number is Not Acceptable)
5238-20 Norwood Ave
City Jacksonville, Florida FL Zip Code 32208

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

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>Director</u> <u>Rhodesia Butler</u> <u>8007 Acon Ridge Dr. Jax, Fl. 32244</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Cassandra Andrews</u> <u>142 W. 21st Street</u> <u>Jacksonville, Florida 32206</u>
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CR2E083B (12/01)

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: Rhodesia Butler 6-3-02 904-764-4840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE