

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

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

08-19-2002 90136 010 ****55.00

DOCUMENT # LO1000001331
1. Entity Name Leroy Butler Enterprises LLC ✓

DO NOT WRITE IN THIS SPACE

975188

2. Principal Place of Business 5238-20 Norwood Ave 3. Mailing Address 5238-20 Norwood Ave
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Tax. Fla. City & State Tax. Fla. 4. FEI Number 59-3697047 Applied For
Zip 32208 Country USA Zip 32208 Country U.S. 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 Tax, Fla 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, 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
Director	Rhodesia Butler	8007 Acorn Ridge Dr. Tax. Fla.	32256				
Director	Leroy Butler	8007 Acorn Ridge Dr. Tax. Fla.	32256				

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IN THIS SPACE**

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 6-3-02 764-4840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #