2002 UNIFORM BUSINESS REPORT (UBR

| DOCUMENT # L0100003106 1. Entity Name | | | | | | FILED | | | |
|--|--|----------------------------------|------------------------|---|---|------------------------------|-----------------------------|--|--|
| RAND YARD PARTNERS, LLC | | | | | 02 APR 30 AM 10: 00 | | | | |
| Principal Place of Business Mailing Address PMB BOX 354, 1982 S.R. 44 PMB BOX 354, 1982 S.R. 44 | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | | |
| NEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 32 | | | | | | | | | |
| 2. Principal F | Place of Business | 3. Mailing Address | | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | DO NOT WRIT | E IN THIS SPACE | | |
| City & State | | City & State | | 4 | 4. FEI N | lumber | <u> </u> | oplied For | |
| Zip | Country | Zip | Zip Country | | 5. Certi | ficate of Status Desired | S5.00 Ad | ditional | |
| | 6. Name and Address of Current | Registered Agent | - Nor | | | e and Address of New R | | | |
| HAMES LAUDENCE C. Haro | | | | | ld G. Hartsock | | | | |
| 215 NORTH EOLA DRIVE | | | Stre | et Address (P.C 1311 2 | t Address (P.O. Box Number is Not Acceptable) 1311 2nd Street | | | | |
| ORI | LANDO FL 32801 | | 1 | | | | | | |
| | | - / / | City | Sanfor | rd, | | FL Zip Cog | <u> </u> | |
| A The above | named entity submits this statement fo | r the purpose of changing it | registered office | | | or both, in the State of Flo | | A | |
| SIGNATURE. | Comment of Spirit Hilly to consider the state of the stat | and platf and platform | TE: Registered Agent s | signature required whe | en reinstati | ng) | AMILIA DATE | | |
| | | FILE N Make Check P | OW!!! FEE I | | itata | 2000054 -05/03/ | / 32202- | r' | |
| | | | ie By May 1, | | rate | -U5/U3/ *****5 | 02010120 0.00 ****5 | iU7 11.18Ω | |
| 9. | MANAGING MEMBE | RS/MANAGERS | 10. | | | ADDITIONS/ | | | |
| TITLE NAME | MGR Kelley, Eoghan n | Delete . | title Name | | | | ☐ Change | Addition Addition | |
| STREET ADDRESS | PMB BOX 354, 1982 S.R. 44 | | STREET ADDR | ESS | | | | | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL 3216 | | CITY-ST-ZIP | | | | | | |
| TITLE NAME | | ☐ Delete | TITLE | | | | ☐ Change | ☐ Addition | |
| STREET ADDRESS | | | STREET ADDR | ESS | | | | | |
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| -NAME | la de la company | ☐ Delete | TITLE | · ** | ر سسر یس | | ☐ Change | —————————————————————————————————————— | |
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| NAME | , | → Delete | NAME | | | | onlings | | |
| STREET ADDRESS CITY-ST-ZIP | | , 1 | STREET ADDRI | ESS | | | | | |
| 17 I bereby c | certify that the information supplied with | trits filing does not awalliv to | or the exemption | stated in Section | on 119.0 |)7(3)(i), Florida Statutes 1 | further certify that the in | nformation | |
| 11. Thereby certify that the information supplied with mistiling cloes not quality 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 employered to execute this report as required by Chapter 608, Florida Statutes. | | | | | | | | | |
| SIGNATURE: HAMAN MINISTED WATER | | | | | | | | | |
| SIGNATURE SIGNATURE AND TOPED OF PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE DOWN Daytime Phone # | | | | | | | | | |