

5/22

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 01, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90272 031 \*\*\*\*50.00

**DOCUMENT # L01000004508**

1. Entity Name

**A AARDVARK SERVICE LLC**

Principal Place of Business

5032 COBALT CT.  
CAPE CORAL FL 33904

Mailing Address

P.O. BOX 101411  
CAPE CORAL FL 33910-1411

2. Principal Place of Business

1201 SW 52ND ST

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Cape Coral FL

City &amp; State

4. FEI Number

65 1100576

Applied For

Not Applicable

Zip

33914

Country

Lee

Zip

Country

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

6. Name and Address of Current Registered Agent

QUINN, JAMES F  
5352 COBALT CT.  
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1201 SW 52ND ST

City

Cape Coral

FL

Zip Code

33914

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 if not 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

TITLE NAME ☐ DeleteManager  
James Quinn  
1201 SW 52ND ST  
Cape Coral FL 33914TITLE NAME ☐ Delete

Cape Coral FL 33914

TITLE NAME ☐ DeleteTITLE NAME ☐ DeleteTITLE NAME ☐ DeleteTITLE NAME ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ AdditionTITLE NAME ☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

95896



DO NOT WRITE IN THIS SPACE

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4/29/02