

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90158 015 ****50.00

DOCUMENT # L01000005908

1. Entity Name

FLYING PARTNERS, L.L.C.

Principal Place of Business

**9243 SE 72 AVENUE
 Ocala FL 34472**

Mailing Address

**9243 SE 72 AVENUE
 Ocala FL 34472**

2. Principal Place of Business

5928 SE Abshier Blvd

3. Mailing Address

PO Box 2318

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Belleview FL

City & State

Belleview FL

Zip

34420

Country

US

Zip

34421-2318 US

Country

US

4. FEI Number

59-374 3984

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ANDERSON, WAYNE S
 9243 SE 72 AVENUE
 Ocala FL 34472**

7. Name and Address of New Registered Agent

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

TITLE **MGRM** ☐ Delete
 NAME **Wayne S. Anderson**
 STREET ADDRESS **9243 SE 72nd Avenue**
 CITY-ST-ZIP **Ocala, FL 34472**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Change ☒ Addition
 NAME **Dean Scarbrough**
 STREET ADDRESS **505 Butter nut St.**
 CITY-ST-ZIP **Dashler, OH 43516**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED

3/21/02 (352) 307-2356

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

Date

Daytime Phone #

CR2E083 (9/01)