

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

FILED
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90002 005 ****\$5.00

DOCUMENT # L 01000006324

1. Entity Name

Ken Fox LLC

"filing for 2002"

DO NOT WRITE IN THIS SPACE

901028

2. Principal Place of Business

3300 MUSTANG DR

Suite, Apt. #, etc.

3. Mailing Address

3300 MUSTANG DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Brooksville FL

Zip

34604

Country

USA

City & State

Brooksville FL

Zip

34604

Country

USA

4. FEI Number

59-3719208

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Leslie Fox

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

3300 MUSTANG DR

City

Brooksville

FL

Zip Code

34604

**DO NOT WRITE
IN THIS SPACE**

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 date if applicable.

DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
MARLENE H FOX
14498 TAMARIND LOOP
Brooksville FL 34609

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
LESLIE K FOX
541 MILL AVE
Spring Hill FL 34608

TITLE
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STREET ADDRESS
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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:

Leslie K Fox Leslie K Fox

12-28-01

(352)

76-7731

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

Date

Daytime Phone #

CR2083B (12/01)