

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

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90388 010 \*\*\*\*50.00

DOCUMENT # **L01000006973**

1. Entity Name

**AR Technologies, LLC**

**DO NOT WRITE IN THIS SPACE**

**955841**

2. Principal Place of Business

**1904 Red Fox Lane**

Suite, Apt. #, etc.

3. Mailing Address

**1904 Red Fox Lane**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Brandon, FL**

Zip

**33510**

Country

**USA**

City & State

**Brandon, FL**

Zip

**33510**

Country

**USA**

4. FEI Number

**59-3710867**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

**Cindy Taylor**

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

**1904 Red Fox Lane**

City

**Brandon**

**FL**

Zip Code

**33510**

**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:

**Cindy M. Taylor**

Signature, typed or printed name of registered agent and title if applicable.

**4-29-02**

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

**MGRM  
Wendy Siim  
12546 136th Lane N  
Largo, FL 33774**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGRM  
Margaret Henry  
7108 Draper Place  
Tampa, FL 33610**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGRM  
Cindy Taylor  
1904 Red Fox Lane  
Brandon, FL 33510**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGRM  
Ulrike Lloyd  
32824 Michigan Ave  
San Antonio, FL 33516**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

**Cindy M. Taylor**

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

**4-29-02**

Date

**866-689-2338**

Daytime Phone #

CR2E083B (12/01)