

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90040 032 ****50.00

DOCUMENT # L01000007109

1. Entity Name

SOCADA, LLC

Principal Place of Business

**2301 PARK AVENUE, SUITE 402
 ORANGE PARK FL 32073**

Mailing Address

**2301 PARK AVENUE, SUITE 402
 ORANGE PARK FL 32073**

2. Principal Place of Business

408 WALNUT ST.

Suite, Apt. #, etc.

3. Mailing Address

408 WALNUT ST

Suite, Apt. #, etc.

City & State

GREEN COVE SPRINGS, FL

City & State

GREEN COVE SPRINGS, FL

Zip

32043

Country

CLAY

Zip

32043

Country

CLAY

4. FEI Number

59-3714880

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DUVAL, STEPHEN J
 2301 PARK AVENUE, SUITE 402
 ORANGE PARK FL 32073**

7. Name and Address of New Registered Agent

Name **TIMOTHY J. HEWITT**

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

3079 ANDERSON ROAD

City

GREEN COVE SPRINGS

FL

Zip Code

32043

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.

TIMOTHY J. HEWITT

2-1502

(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 **DUVAL, STEPHEN J**
 STREET ADDRESS **2301 PARK AVENUE, SUITE 402**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition
 NAME **TIMOTHY J. HEWITT MGRM**
 STREET ADDRESS **3079 ANDERSON RD.**
 CITY-ST-ZIP **GREEN COVE SPRINGS, FL 32043**

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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]

TIMOTHY J. HEWITT

2-1502

904-284-2633

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

Date

Daytime Phone #

CP2E083 (9/01)