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FILED
Sep 25, 2002 8:00 am
Secretary of State
08-14-2002 90028 046 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000007328

1. Entity Name
135 PROFESSIONAL DRIVE, LLC

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43011 [redacted]

2. Principal Place of Business		3. Mailing Address	
135 Professional Drive		135 Professional Drive	
Suite, Apt. #, etc. Suite 107		Suite, Apt. #, etc. Suite 107	
City & State Ponte Vedra Beach, FL		City & State PonterVedraiBeach, FL	
Zip 32082	Country	Zip 32082	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☒ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: Della Porta, John M.
Street Address (P.O. Box Number is Not Acceptable): 135 Professional Drive, Suite 107
City: Ponte Vedra Beach FL Zip Code 32082

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

DATE

FEE IS $50.00
Make Check Payable to Department of State
9/25/2002

9. MANAGING MEMBERS/MANAGERS

TITLE	President
NAME	John M. DellaPorta
STREET ADDRESS	135 Professional Drive, Suite 107
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E083B (12/01)

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] 08/12/2002 904-280-4151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #