

4/16/

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

04-16-2002 90076 034 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000008377

1. Entity Name

R. S. ELLIOTT FAMILY, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1403 Green Cove Rd.

Suite, Apt. #, etc.

3. Mailing Address

1403 Green Cove Rd.

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Winter Park, FL

4. FEI Number

59-3721736

Applied For

Not Applicable

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

Zip

32789

Country

USA

Zip

32789

Country

USA

7. Name and Address of Current Registered Agent

Name William R. Lowman, Jr.

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

315 E. Robinson St. Suite 600

City Orlando

FL

Zip Code

32802

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 title is applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
 Randolph S. Elliott
 1403 Green Cove Rd.
 Winter Park, FL 32789

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
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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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)