2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100008491 1. Entity Name FRC FIBER, LIMITED COMPANY

Principal Place of Business

Mailing Address

303 SPANISH MOSS TRAIL DESTIN FL 32541

303 SPANISH MOSS TRAIL DESTIN FL 32541

FILED Sep 08, 2002 8:00 am Secretary of State

09-08-2002 90125 046 ****50.00



Suite, Apt. #, etc. City & State Zip Country	Suite, Apt. #, etc.	. Box 5504		WRITE IN THIS SPACE	CE	
Zip Country	City & State		DO NOT WRITE IN THIS SPACE			
	City & State FL		4. FEI Number 59-3725075		Applied For Not Applicable	
6 Name and Address of Course	32540	Okaloasa	5. Certificate of Status Desi	T \$5.	00 Addi Required	tional I
o. Name and Address of Curren	nt Registered Agent		7. Name and Address of N	iew Registered Ager	11	
BANKS, RILL JR.		Name				
303 SPANISH MOSS TRAIL DESTIN FL 32541	,	Street Address (P.O. Box Number is Not Acceptable)				
		City		FL	Zip Code	
8. The above named entity submits this statement the obligations of registered agent. DEP! SIGNATURE Signature, typed or printed name of pagistered age		egistered office or regist		of Florida. I am famil	liar with, a	ind accept
- AU	Make Check Pay	W!!! FEE IS \$50.00 rable to Department September 25, 2002	of State			
9. MANAGING MEM	BERS/MANAGERS	10.	ADDITI	ONS/CHANGES		
MGRM NAME STREET ADDRESS CITY-ST-ZIP DESTIN FL 32541	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE	Delete	NAME STREET ADDRESS CITY-ST-ZIP			,Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE 1 NAME STREET ADDRESS CITY-ST-ZIP	Section 119.07(3)(i), Florida Stat		Change	Addition

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 end 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 end of the end of the liability company or the end of the end of

SIGNATURE: IG MEMBER, VANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #