

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90001 008 ****55.00

DOCUMENT # L01000009571

1. Entity Name

AIREDALE FINANCIAL, LLC

Principal Place of Business

**177 U.S. HIGHWAY #1
 SUITE 311
 TEQUESTA FL 33469**

Mailing Address

**177 U.S. HIGHWAY #1
 SUITE 311
 TEQUESTA FL 33469**

2. Principal Place of Business

as above

3. Mailing Address

as above

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-637-9394

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**FHS CORPORATE SERVICES, INC.
 11780 U.S. HIGHWAY #1
 SUITE 300
 NORTH FL 33408**

7. Name and Address of New Registered Agent

Name

Lee H. GARLINGTON

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

177 US Highway One #311

City

Tequesta

FL

Zip Code

33469

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

1-18-2002

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **Trustee - MGRM** ☐ Delete
 NAME **Paul GARLINGTON**
 STREET ADDRESS **177 US Highway One #311**
 CITY-ST-ZIP **Tequesta, FL 33469**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. MANAGER ADDITIONS/CHANGES

TITLE **MANAGER** ☐ Change ☒ Addition
 NAME **Lee GARLINGTON MGRM**
 STREET ADDRESS **177 US Highway One #311**
 CITY-ST-ZIP **Tequesta, FL 33469**

TITLE **MGRM** ☐ Change ☒ Addition
 NAME **PAUL GARLINGTON**
 STREET ADDRESS **177 US Highway One #311**
 CITY-ST-ZIP **Tequesta, FL 33469**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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]

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

Date

Daytime Phone #

1/18/2002

CR2E083 (9/01)