

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000009717

1. Entity Name

EDWIN L. HALL JR., LLC.

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

01-11-2002 90011 030 ****50.00

0023440

Principal Place of Business

1207 BEACH WALKER ROAD
AMELIA ISLAND FL 32034

Mailing Address

1207 BEACH WALKER ROAD
AMELIA ISLAND FL 32034

2. Principal Place of Business

4 Water Oak

Suite, Apt. #, etc.

3. Mailing Address

4 Water Oak

Suite, Apt. #, etc.

City & State

Amelia Island, FL

Zip
32034

Country
USA

City & State

Amelia Island, FL

Zip
32034

Country
USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALL JR, EDWIN L
1207 BEACH WALKER RD
AMELIA ISLAND FL 32034

7. Name and Address of New Registered Agent

Name Hall Jr, Edwin L.

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

4 Water Oak

City Amelia Island

FL

Zip Code
32034

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 *Edwin L. Hall Jr.*

Edwin L. Hall Jr.

1-04-02

Signature, typed or printed name of registered agent and title if applicable.

(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 *AA* ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition
NAME *Managing Member "MEM"*
STREET ADDRESS *Edwin L. Hall, Jr.*
CITY-ST-ZIP *4 Water Oak
Amelia Island, FL 32034*

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

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

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

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

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: *Edwin L. Hall Jr.* 1-04-02 904-277-7941

CR2E083 (9/01)