2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State
04-16-2002 90088 014 ****50.00

DOCUMENT # L01000010015

1. Entity Name
THE ACORN, LLC

Principal Place of Business	Mailing Address
C/O WILLIAM A. RAINBOW 3600 NW 60TH STREET OCALA FL 34475	C/O WILLIAM A. RAINBOW 3600 NW 60TH STREET OCALA FL 34475

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3560 NW 63rd Street	P.O. Box 2794
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala, FL	City & State: Ocala, FL
Zip: 34475 Country: USA	Zip: 34478 Country: USA

4. FEI Number 59-3726931 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAINBOW, WILLIAM A 3600 NW 60TH STREET OCALA FL 34475	Name: William A. Rainbow Street Address (P.O. Box Number is Not Acceptable): 3560 NW 63rd Street City: Ocala FL Zip Code: 34475

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] William A. Rainbow 3/28/02
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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAINBOW, WILLIAM A 3600 NW 60TH STREET OCALA FL 34475	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAM A. RAINBOW 3560 NW 63rd Street Ocala, FL 34475	☑ Change ☐ Addition
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 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

CR2E083 (9/01)

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] SIGNATURE REQUIRED William A. Rainbow 3/28/02 352-629-3193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #