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

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

DO NOT WRITE IN THIS SPACE

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	MGR ☐ Delete	TITLE	MGR ☑ Change ☐ Addition
NAME	RAINBOW, WILLIAM A	NAME	WILLIAM A. RAINBOW
STREET ADDRESS	3600 NW 60TH STREET	STREET ADDRESS	3560 NW 63rd Street
CITY-ST-ZIP	OCALA FL 34475	CITY-ST-ZIP	Ocala, FL 34475
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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 #

CR2E083 (9/01)