5/13

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State
05-13-2002 90144 050 ****50.00

DOCUMENT # L01000011066

1. Entity Name
SEVEN OUT, LLC

Principal Place of Business	Mailing Address
5409 ASHTON CT. TALLAHASSEE FL 32311	5409 ASHTON CT. TALLAHASSEE FL 32311

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1859 East Adams St	PO Box 180506
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Tallahassee, FL
Zip: 32202 Country: USA	Zip: 32318 Country: USA

4. FEI Number: 59-3738707 ☐ 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
GUERINO, JAMES R 5409 ASHTON CT. TALLAHASSEE FL 32311	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	Managing Member Ferrell J. Carden 1807 E. River Hills Circle #17 Jacksonville, FL 32211	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Mallory Horne 211 East Call Street Tallahassee, FL 32302	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Jack Quick 140 Arrow Trace Havanah, Fl 32333	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Alex Sutor 7159 Holsteiner Lane Tallahassee Fl 32309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member J. Allen Bryson P.O. Box 35 Waycross, GA 31502	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Jack Sisson 819 E Park Ave. #11 Tallahassee Fl 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Spencer Ingram 118 Salon Court Tallahassee Fl 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (9/01)

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] 4/20/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #