

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000011245**

1. Entity Name

PALATKA GAS, LLC**FILED**
Mar 05, 2002 8:00 am
Secretary of State

01-31-2002 90027 043 *****50.00

Principal Place of Business

**326 PINE BREEZE DR.
EDGEWATER FL 32141**

Mailing Address

**326 PINE BREEZE DR.
EDGEWATER FL 32141**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3731141

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**PETRAUSKAS, REMIGIJUS
326 PINE BREEZE DR.
EDGEWATER FL 32141**

7. Name and Address of New Registered Agent

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

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	MANGM	<input type="checkbox"/> Delete
NAME	REMIGIJUS PETRAUSKAS	
STREET ADDRESS	326 PINE BREEZE DR.	
CITY - ST - ZIP	EDGEWATER, FL 32132	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		

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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 REQUIRED****Remigijus Petruskas 1-22-02 386409-0376**

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

Date

Daytime Phone #

CR2E083 (9/01)