

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-11-2002 90008 046 ****50.00

DOCUMENT # L01000011588

1. Entity Name

BTC WHOLESale, L.L.C.

Principal Place of Business

**1544 REGAL COURT
 KISSIMMEE FL 34744**

Mailing Address

**1544 REGAL COURT
 KISSIMMEE FL 34744**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FEI Number

59-3731259

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CHERRY, RICHARD G
 1665 PALM BEACH LAKES BLVD.
 SUITE 600
 WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name **THOMAS E. ATKINS JR**
 Street Address (P.O. Box Number is Not Acceptable)
BTC WHOLESale LLC
3501 W. VINE ST #264
 City **KISSIMMEE FL** Zip Code **34741**

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 **PRESIDENT** ☐ Delete
 NAME **THOMAS E. ATKINS JR**
 STREET ADDRESS **BTC WHOLESale LLC**
 CITY-ST-ZIP **3501 W. VINE ST #264**
KISSIMMEE, FL 34741

TITLE ☐ Delete
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10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
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 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: *Thomas E. Atkins Jr* REQUIRED

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

Date

Daytime Phone #

2/25/02 561 357 8823

CR2E083 (9/01)