

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 22, 2002 8:00 am
Secretary of State

09-22-2002 90065 029 ****55.00

DOCUMENT # L01000011628

1. Entity Name
SUPER SIX INVESTMENTS, LLC

Principal Place of Business

**2813 S. HIAWASSEE RD
 ORLANDO FL 32835**

Mailing Address

**2813 S. HIAWASSEE RD
 ORLANDO FL 32835**

2. Principal Place of Business

**2813 S. HIAWASSEE RD
 Suite, Apt. #, etc.
 # 301**

3. Mailing Address

**2813 S. HIAWASSEE RD
 Suite, Apt. #, etc.
 # 301**

City & State
Orlando FL

Zip
32835

Country
USA

City & State
Orlando FL

Zip
32835

Country
USA

4. FEI Number
30 0055357

Applied For
 Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**THOMPSON, THAD
 15 S. ORANGE AVENUE
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name **THAD THOMPSON**
 Street Address (P.O. Box Number is Not Acceptable)
2813 S. HIAWASSEE RD # 301
 City **ORLANDO** FL Zip Code **32835**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **THAD THOMPSON**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/8/02
 DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President THAD THOMPSON 5710 MASTERS BLVD Orlando FL 32819	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President JEFF CAMERON 2813 S. HIAWASSEE RD # 301 Orlando FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Treas. DAVE JOHNSON 2813 S. HIAWASSEE RD # 304 Orlando FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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

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: **THAD THOMPSON**

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

8/8/02 **407-295-9250**
 Date Daytime Phone #

CR2E083 (4/02)