

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013321

1. Entity Name

GEORGIA'S, LLC

Principal Place of Business

11700 SAN RAFAEL N.E.
ALBUQUERQUE NM 84122

Mailing Address

11700 SAN RAFAEL N.E.
ALBUQUERQUE NM 84122

2. Principal Place of Business

10571 STRINGFELLOW

3. Mailing Address

11700 SAN RAFAEL NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOKEELIA FL

City & State

ALBUQUERQUE NM

Zip

33922

Country

Zip

87122

Country

4. FEI Number

65-1128392

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAGAN, SAMUEL J IV, ESQ
2320 FIRST STREET
FT. MYERS FL 33901

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 ☐ Delete
NAME KATHLEEN C. STORRS MGRM
STREET ADDRESS 11700 SAN RAFAEL NE
CITY-ST-ZIP ALBUQUERQUE NM 87122

TITLE ☐ Delete
NAME BRUCE B. STORRS
STREET ADDRESS 11700 SAN RAFAEL NE MGRM
CITY-ST-ZIP ALBUQUERQUE NM 87122

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/2/02

Date

Daytime Phone #

FILED
Jun 06, 2002 8:00 am
Secretary of State

04-22-2002 90239 030 ****50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)