FILED
Aug 11, 2002 8:00 am
Secretary of State
01-16-2002 90244 021 ****50.00
07-23-2002 90344 002 ****50.00

[redacted]

02 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000014346

Entity Name
LORD MACDUFF, LLC

Principal Place of Business	Mailing Address
913 NIXON LANE PORT ORANGE FL 32129	913 NIXON LANE PORT ORANGE FL 32129

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number N/A — 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
PYLE, MICHAEL 1265 W. GRANADA BLVD. STE. 1 ORMOND BEACH FL 32174	Name N/A 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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS alice m. Stanley 913 Nixon Lane Port Orange, Fl. 32129 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: alice SIGNATURE REQUIRED 7/14/2002 386-761-8619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (4/02)

Attachment 1

41276

Subject: **LORD MACDUFF, LLC**

Reference Number: **L01000014346**

I have no employees, so I have no Federal Employer Identification (FEI) number. I do not plan on having any employees in the future but if I do I will apply for at that time.

Thank you,

Alice M. Stanley