

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-15-2002 90059 023 ****50.00

DOCUMENT # L01000015366

1. Entity Name

CONRADINA, L.L.C.

Principal Place of Business

5399 E CO HWY 30-A BOX 180
SEAGROVE BEACH FL 32459

Mailing Address

5399 E CO HWY 30-A BOX 180
SEAGROVE BEACH FL 32459

2. Principal Place of Business

7 TOWN CENTER LOOP

Suite, Apt. #, etc.

C-14

3. Mailing Address

7 TOWN CENTER LOOP

Suite, Apt. #, etc.

C-14

City & State

SANTA ROSA BEACH FL

City & State

SANTA ROSA BEACH FL

Zip

32459

Country

U.S.A.

Zip

32459

Country

U.S.A.

4. FEI Number

59-3756334

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

FRANKLIN H. WATSON, P.A.
5365 E CO HWY 30-A
SUITE 105
SEAGROVE BEACH FL 32459

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	MEMBER PRESIDENT	<input type="checkbox"/> Delete
NAME	BEN HAY HAMMETT JR	
STREET ADDRESS	7 TOWN CENTER LOOP C-14	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	

TITLE	MEMBER V. PRESIDENT	<input type="checkbox"/> Delete
NAME	RICHARD J. ROOKIS	
STREET ADDRESS	7 TOWN CTR LOOP C-14	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	

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

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

10. ADDITIONS/CHANGES

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

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

Date

Daytime Phone #

4-30-02 (850) 267-3400

CR2E083 (9/01)