

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90124 032 \*\*\*\*50.00

DOCUMENT # 201000015436 ✓  
1. Entity Name  
LLOYD + COMPANY LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2691 MOSS OAK DR.  
Suite, Apt. #, etc.

3. Mailing Address  
2691 MOSS OAK DR  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
SARASOTA, FL  
Zip  
34231  
Country  
USA

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SARASOTA, FL  
Zip  
34231  
Country  
USA

4. FEI Number  
05-1138447  
Applied For  
 Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name BUSINESS FILINGS INC  
Street Address (P.O. Box Number is Not Acceptable)  
1000 WEST AVENUE  
SUITE 1114  
City MIAMI BEACH FL Zip Code 33139

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.

DATE \_\_\_\_\_

**FEE IS \$30.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>MGRM</u> <u>ALLAN L. HENIG</u> <u>2691 MOSS OAK DR</u> <u>SARASOTA, FL 34231</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>MGRM</u> <u>H. LAVERNE HENIG</u> <u>2691 MOSS OAK DR</u> <u>SARASOTA, FL 34231</u>
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: ALLAN L. HENIG ALLAN L. HENIG 4/26/02 941/926-3996  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/01)