2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State
07-08-2002 90238 042 ****50.00
04-03-2002 90017 044 ****50.00

DOCUMENT # L01000016176

1. Entity Name
SOLTUDLER, LLC

Principal Place of Business
12847 W OTTER LAKE CT
JACKSONVILLE FL 32246

Mailing Address
12847 W OTTER LAKE CT
JACKSONVILLE FL 32246

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 116 SAN MARCO AVE
Suite, Apt. #, etc.
City & State: St. Augustine FL
Zip: 32084 Country: USA

3. Mailing Address: 12847 W. OTTER LK CT
Suite, Apt. #, etc.: JACKSONVILLE FL 32246
City & State
Zip Country: USA

4. FEI Number: 59-3745057 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
UDLER, IZABELLA
12847 W OTTER LAKE CT
JACKSONVILLE FL 32246

7. Name and Address of New Registered Agent
Name: UDLER IZABELLA
Street Address (P.O. Box Number is Not Acceptable): 12847 W. OTTER LK CT
City: JACKSONVILLE FL
FL Zip Code: 32246

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] 7/4/02
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

TITLE	MGR	☐ Delete
NAME	UDLER, IZABELLA	
STREET ADDRESS	12847 W OTTER LAKE CT	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

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

CR2E083 (4/02)

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] SIGNATURE REQUIRED 7/4/02 904-824-4352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #