FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 09, 2002 8:00 am **Secretary of State** DOCUMENT # L01000016227 03-05-2002 90014 042 ****50.00 1. Entity Name NOONAN FAMILY, LLC Principal Place of Business Mailing Address 22211 742 ARLINGTON ROAD 742 ARLINGTON ROAD JACKSONVILLE FL 32211 JACKSONVILLE FL 32211 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-375 3/88 City & State City & State Applied For Not Applicable Zip Country Zip Country \$5:00 Additional: 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **GUY FRANCIS NOONAN** Street Address (P.O. Box Number is Not Acceptable) 742 ARLINGTON ROAD JACKSONVILLE FL 32211 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. FILE NOW!!! FEE IS \$50.00. Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES BWHER) TITLE Delete TITLE Addition CR2E083 (9/01 JOE Haim NAME NAME 489 ROUTE 94-5 STREET ADDRESS STREET ADDRESS 07860 C/TY-ST-ZIE CITY-ST-ZIP NEWTON, N. JERSEY 07860 OWNER! TITLE ☐ Delete TITLE ☐ Change Addition BAABACA M. Coy 1397 Deac LANG circue ADORTA FL. 22712 NAME NAME STREET ADDRESS STREET ADDRESS CITY ST. 7IP CITY-67-ZIP-Owner! DAN NOONAN TITLE ☐ Delete Addition TITLE ☐ Change 66 NEWYTOWN RD. NAME NAME CAMOBECC HALL, N. YORK 10916 STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE GREG MOONAN (OWNER) Delete TITLE Change Addition NAME NAME 53 MAIN 35. STREET ADDRESS STREET ADDRESS CHERRY VALLEY, NY 13320 CITY-ST-ZIP City-ST-7IP Owner) TITLE ☐ Delete TITLE ☐ Change **Z** Addition PAM NOONAN NAME NAME 50 MONTGOMERY ST. STREET ADDRESS STREET ADDRESS CHEERY UTLLEY, N. YORA 13320 CITY-ST-ZIP CITY_ST-7IP DOWNERS TITLE ☐ Delate TITLE Change **Addition** BAIL ST. PILLRE NAME NAME 13106 WICKERSHAM STREET ADDRESS STREET ADDRESS HOUSTON, TEXAS CITY-ST-ZIP 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.

OF SIUDER EXTRACT SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OF AUTHORIZED REPRESENTATIVE