

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90608 012 \*\*\*\*50.00

**DOCUMENT # L01000016227**

1. Entity Name

NOONAN FAMILY, LLC

Principal Place of Business

742 ARLINGTON ROAD  
JACKSONVILLE FL 32211

Mailing Address

742 ARLINGTON ROAD  
JACKSONVILLE FL 32211

2. Principal Place of Business

PO Box 13 PPP

Suite, Apt. #, etc.

3. Mailing Address

PO Box 13 PPP

Suite, Apt. #, etc.

City & State

GAINESVILLE FL

City & State

GAINESVILLE Florida

Zip

32604

Country

USA

Zip

32604

Country

USA

4. FEI Number 59-3753188

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GUY FRANCIS NOONAN  
742 ARLINGTON ROAD  
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

Name GUY F NOONAN

Street Address (P.O. Box Number is Not Acceptable)

173P WEST UNIVERSITY AVE

City GAINESVILLE

FL

Zip Code 32603

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]*  
Signatures, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/1/03  
DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME HEIM, JOE  
STREET ADDRESS 489 ROUTE 94-S  
CITY-ST-ZIP NEWTON NJ 07860 ☒ Delete

TITLE MGRM  
NAME COY, BARBARA M  
STREET ADDRESS 1397 DEER LAKE CIRCLE  
CITY-ST-ZIP APOPKA FL 32712 ☒ Delete

TITLE MGRM  
NAME NOONAN, DAN  
STREET ADDRESS 66 NERRYTOWN RD  
CITY-ST-ZIP CAMPBELL HALL NY 10916 ☒ Delete

TITLE MGRM  
NAME NOONAN, GREG  
STREET ADDRESS 53 MAIN ST  
CITY-ST-ZIP CHERRY VALLEY NY 13320 ☒ Delete

TITLE MGRM  
NAME NOONAN, PAM  
STREET ADDRESS 50 MONTGOMERY ST  
CITY-ST-ZIP CHERRY VALLEY NY 13320 ☒ Delete

TITLE MGRM  
NAME ST PIERRE, BAIN  
STREET ADDRESS 13108 WICKERSHAM  
CITY-ST-ZIP HOUSTON TX 77077 ☒ Delete

10. ADDITIONS/CHANGES

TITLE GUY NOONAN  
NAME  
STREET ADDRESS 173P WEST UN AVE  
CITY-ST-ZIP GAINESVILLE, FL. 32603 ☐ Change ☐ Addition

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

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

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

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

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

(352)  
4/1/03 317-4607  
Date Daytime Phone #

CF2E083 (10/02)