

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90004 023 ****55.00

DOCUMENT # L01000016314

1. Entity Name
KINCAID ASSOCIATES LLC



Principal Place of Business

**17604 OLD OAK WAY
LITHIA FL 33547**

Mailing Address

**17604 OLD OAK WAY
LITHIA FL 33547**

2. Principal Place of Business

10513 LITHIA ESTATES DR.

3. Mailing Address

PO BOX 1083

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LITHIA FL

City & State

LITHIA FL

4. FEI Number

59-3747259

Applied For

Not Applicable

Zip

33547

Country

USA

Zip

33547

Country

USA

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LITTLE, RUSSELL J
17604 OLD OAK WAY
LITHIA FL 33547**

7. Name and Address of New Registered Agent

Name

RUSSELL J. LITTLE

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

10513 LITHIA ESTATES DRIVE

City **LITHIA**

FL

Zip Code

33547

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

Russell J. Little

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete
NAME **LITTLE, RUSSEL J**
STREET ADDRESS **17604 OLD OAK WAY**
CITY-ST-ZIP **LITHIA FL 33547**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **P** ☒ Change ☐ Addition
NAME **LITTLE, RUSSELL J**
STREET ADDRESS **10513 LITHIA ESTATES DRIVE**
CITY-ST-ZIP **LITHIA FL 33547**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: X *Russell J. Little* **SIGNATURE REQUIRED** **RUSSELL J. LITTLE**

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

Date

Daytime Phone #

813-4651-1910

CR2E083 (10/02)

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