

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90735 047 ****50.00

DOCUMENT # L01000016325

1. Entity Name

OLD TOWN SLINGSHOT, LLC

*Did not
 ON TIV
 WRONG*

Principal Place of Business

**4630 S. KIRKMAN ROAD #212
 ORLANDO FL 32408**

Mailing Address

**4630 S. KIRKMAN ROAD #212
 ORLANDO FL 32408**

80123153



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5770 WEST IRLO BRONSON

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite 222

City & State

KISSIMMEE, FL

Zip

34740

Country

Osceola

Zip

Country

4. FEI Number

59-3748913

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

MIRFIN, BRIAN

**4630 S. KIRKMAN ROAD #212
 ORLANDO FL 32408**

*WRONG
 ADDRESS*

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

BRIAN MIRFIN / PRESIDENT BB

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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10. ADDITIONS/CHANGES

| | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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**PRESIDENT
 BRIAN MIRFIN
 5770 W IRLO BRONSON, Suite 222
 KISSIMMEE, FL 34740**

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:

BRIAN MIRFIN

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

April 30, 02 407-397-9097

Date

Daytime Phone #

CR2E083 (9/01)