

Amended
LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L01000017144**

1. Entity Name

Kathy Bybee Rentals, LLC

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

02 DEC 11 AM 9:26

W
12/12

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2874 Strand Circle

Suite, Apt. #, etc.

3. Mailing Address

2874 Strand Circle

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Oviedo FLORIDA

City & State

Oviedo, FLORIDA

4. FEI Number

59-3755392

Applied For

Not Applicable

Zip

32765

Country

U.S.A.

Zip

32765

Country

U.S.A.

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

7. Name and Address of Current Registered Agent

Name

Kathy Bybee

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

2874 Strand Circle

City

Oviedo

FL

Zip Code

32765

**DO NOT WRITE
 IN THIS SPACE**

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

Katherine J. Bybee

Katherine J. Bybee

24 NOV 02

DATE

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

FEE IS \$50.00

**Make Check Payable to Department of State
 DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

Kathy Bybee

2874 Strand Circle

Oviedo, FLORIDA 32765

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V

Steven Bybee

2874 Strand Circle

Oviedo, FLORIDA 32765

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S

Steven Bybee

2874 Strand Circle

Oviedo, FL 32765

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T

Kathy Bybee

2874 Strand Circle

Oviedo, FL 32765

TITLE

NAME

STREET ADDRESS

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600009471056
12/11/02--01054--005 **\$5.00

**DO NOT WRITE
 IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Katherine J. Bybee

Katherine J. Bybee

24 NOV 02

(407)366-9570

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

Date

Daytime Phone #

CR2E083B (12/01)