

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

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91481 008 \*\*\*\*50.00

DOCUMENT # L01000017336

1. Entity Name

Private Client Investment, LLC

**DO NOT WRITE IN THIS SPACE**

949242

2. Principal Place of Business

8080 24th Street

Suite, Apt. #, etc.

3. Mailing Address

8080 24th Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Vero Beach, FL

City & State

Vero Beach, FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

32966

Country

USA

Zip

32966

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

J. Patrick Reynolds

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

8080 24th Street

City

Vero Beach

FL

Zip Code

32966

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

Jay Patrick Reynolds, Manager, J. Patrick Reynolds 4/22/02

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

DATE

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  
MGR  
J. Patrick Reynolds  
8080 24th Street  
Vero Beach, FL 32966

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**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)(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:

Jay Patrick Reynolds, J. Patrick Reynolds, Manager 4/22/02 (772) 978-0726

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

Date

Daytime Phone #