

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90015 027 ****50.00

DOCUMENT # L01000018290

1. Entity Name

CHURCH FAMILY, L.L.C.



Principal Place of Business

**5028 CENTENNIAL OAK CIRCLE
TALLAHASSEE FL 32308**

Mailing Address

**5028 CENTENNIAL OAK CIRCLE
TALLAHASSEE FL 32308**

2. Principal Place of Business

330 Perkins Street

Suite, Apt. #, etc.

3. Mailing Address

330 Perkins Street

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32301

Country

U.S.A.

Zip

32301

Country

U.S.A.

6. Name and Address of Current Registered Agent

**SORENSEN, JAMES E
2010 DELTA BLVD.
TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RAY, RANDALL G
5023 CENTENNIAL OAK CIRCLE
TALLAHASSEE FL 32308** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PERKINS, LAWRENCE C
7607 WILLOW BASTIC COURT
TALLAHASSEE FL 32312** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PERKINS, LISA C
7607 WILLOW BASTIC COURT
TALLAHASSEE FL 32312** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
5028 Centennial Oak Circle

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
7606 Willow Bastic Court

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
7606 Willow Bastic Court

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

TITLE
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☐ Change ☐ Addition

CR2E083 (10/02)

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:

Lisa C. Perkins

Lisa C. Perkins 6 Feb 03 850.907.9430

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

Date

Daytime Phone #