

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90097 026 ****50.00

DOCUMENT # L01000018373

1. Entity Name

BLOOD-ROOTS, LLC



Principal Place of Business

7 EAST SILVER SPRINGS BLVD., STE. 100
OCALA FL 34474

Mailing Address

7 EAST SILVER SPRINGS BLVD., STE. 100
OCALA FL 34474

2. Principal Place of Business

6800 NW 193rd Street

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 789

Suite, Apt. #, etc.

City & State

Orange Lake, Florida

Zip

32617

Country

City & State

Orange Lake, Florida

Zip

32681

Country

4. FEI Number

59-3756218

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

BRIGGS & CROMARTIE BLOODSTOCK AGENCY, INC.
7 EAST SILVER SPRINGS BLVD., STE. 100
OCALA FL 34474

7. Name and Address of New Registered Agent

Name

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

6800 NW 193rd Street

City

Orange Lake

FL

Zip Code

32681

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 MGR
NAME BRIGGS & CROMARTIE BLOODSTOCK AGENCY, INC.
STREET ADDRESS 7 EAST SILVER SPRINGS BLVD., STE. 100
CITY-ST-ZIP Ocala FL 34474 ☐ Delete

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME Briggs & Cromartie Bloodstock Agency, Inc
STREET ADDRESS 6800 NW 193rd Street
CITY-ST-ZIP Orange Lake, FL 32681

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

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

TITLE
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

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

ROBERT CROMARTIE

4/24/03
Date

352-591-5888
Daytime Phone #

CR2E083 (10/02)