

2002-2003  
**LIMITED LIABILITY COMPANY  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000018592

1. Entity Name

Empire Core Supply, LLC.



**FILED**

03 JUN 11 AM 9:17

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3301 W SR 46

3. Mailing Address

P.O. Box 470853

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sanford, FL

City & State

Lake Monroe, FL

4. FEL Number

030403888

Applied For

Not Applicable

Zip

32771

Country

USA

Zip

32747-0853

Country

USA

5. Certificate of Status Desired

☐

**\$5.00** Additional  
 Fee Required

7. Name and Address of Current Registered Agent

Name

Christine Engels

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

3301 W SR 46

City

Sanford

FL

Zip Code

32771

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

Christine Engels, Christine Engels Member/Manager 4/6/03

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MGRM  
 Christine Engels  
 3301 W SR 46  
 Sanford, FL 32771

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400020776224  
 06/11/03--01027--007 \*\*50.00

400020776224  
 06/11/03--01027--005 \*\*50.00

**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)(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:

Christine Engels, Christine Engels 4/6/03 (407) 322-0303

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

Date

Daytime Phone #

CR2E083B (12/02)