2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 30, 2002 8:00 am
Secretary of State
09-12-2002 90089 041 ****50.00

43159

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000019905

1. Entity Name
INDAHL, LLC

Principal Place of Business	Mailing Address
2021 SE OXTON DRIVE PORT ST. LUCIE FL 34952	2021 SE OXTON DRIVE PORT ST. LUCIE FL 34952

2. Principal Place of Business	3. Mailing Address
2850 SW. Port St Lucie BLVD	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St. Lucie, FL	City & State
Zip: 34953 Country: St. Lucie	Zip / Country

4. FEI Number: 651157222 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NAVARETTA, STEPHEN
100 SE ST. LUCIE WEST BLVD., STE. 203
PORT ST. LUCIE FL 34986

7. Name and Address of New Registered Agent

Name: Rebecca Dresser
Street Address (P.O. Box Number is Not Acceptable): 2021 S.E. Oxton Dr.
City: Port St. Lucie FL Zip Code: 34952

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] DATE 8-30-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: PRESIDENT NAME: REBECCA DRESSER STREET ADDRESS: 2021 SE. OXTON DR. CITY-ST-ZIP: PORT ST. LUCIE, FL 34952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☑ Addition MGRM
TITLE: V-PRES NAME: THOMAS DRESSER STREET ADDRESS: 2021 SE OXTON DR CITY-ST-ZIP: PORT ST. LUCIE, FL 34952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☑ Addition MGR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (4/02)

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: SIGNATURE REQUIRED [signature] 8-30-02 772-340-3424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #