

~~AMENDED~~  
**2002 UNIFORM BUSINESS REPORT (UBR)**

09-04-2002 90095 020 \*\*\*\*55.00

DOCUMENT # L01000020170

L01000020170

1. Entity Name

TREMBLY DEVELOPMENT, L.L.C.

FILED

02 OCT 10 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3900 NEW JERUSALEM RD.  
VERNON FL 32462

Mailing Address

3900 NEW JERUSALEM RD.  
VERNON FL 32462

2. Principal Place of Business

3900 New Jerusalem Rd  
Suite, Apt. #, etc.

3. Mailing Address

Same  
Suite, Apt. #, etc.

City & State

vernon

City & State

Zip

32462

Country

Washington

Zip

Country

4. FEI-Number

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIOIELLO, JOHN L

404 JENKS AVE.

PANAMA CITY FL 32405

Name

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

City

3900 New Jerusalem Rd

FL

Zip Code

32462

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 Dennis Tremblay

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

9/4/02

DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	Barbara Tremblay 3900 New Jerusalem Rd Vernon 32462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

AMENDED  
2002  
UBR

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 606, Florida Statutes.

SIGNATURE: Dennis Tremblay

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

9/4/02

Date

850 258 9839

Daytime Phone #

CR2E083 (4/02)