

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

0041149

DOCUMENT # L01000020575

1. Entity Name
REFKO L.L.C.

04-22-2002 90230 020 ****50.00

Principal Place of Business

**9230 NW 125TH AVE.
 OCALA FL 34482**

Mailing Address

**9230 NW 125TH AVE.
 OCALA FL 34482**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0569403

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

**LEFKO, KENNETH F
 9230 NW 125TH AVE.
 OCALA FL 34482**

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.

SIGNATURE

[Signature]
 Signature of officer or principal of registered agent and title if applicable.

K.F. LEFKO

(NOTE: Registered Agent signature required when reinstating)

10 APR 2002

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
 NAME **LEFKO, KENNETH F**
 STREET ADDRESS **9230 NW 125TH AVE.**
 CITY-ST-ZIP **OCALA FL 34482**

TITLE **MGR** ☐ Change ☒ Addition
 NAME **JEANNE M. LEFKO**
 STREET ADDRESS **9230 NW 125TH AVE.**
 CITY-ST-ZIP **OCALA FL 34482**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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]
SIGNATURE REQUIRED

10 APR 2002

352-867-0363

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

Date

Daytime Phone #

CR2E083 (9/01)