

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90017 009 ****50.00

DOCUMENT # L01000021103

1. Entity Name

FLC, L.C.

DO NOT WRITE IN THIS SPACE

930542

2. Principal Place of Business
99 Nesbit Street

Suite, Apt. #, etc.

3. Mailing Address
P.O. Drawer 511447

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Punta Gorda, FL

City & State
Punta Gorda, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33950

Country
USA

Zip
33951-1447

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Darol H. M. Carr

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

99 Nesbit Street

City
Punta Gorda

FL

Zip Code
33950

**DO NOT WRITE
IN THIS SPACE**

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

2-21-02

Signature, type or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DAROL H. M. CARR
6330 Riverside Drive
Punta Gorda, FL 33982**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
JEFF LEONARD
26092 Waterfowl Lane
Punta Gorda, FL 33983**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
JEFF FEHR
22286 Vick Street
Port Charlotte, FL 33980**

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

**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:

2-21-02 941-639-1158

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

Date

Daytime Phone #

CR2E083B (12/01)