

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

5/1

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

05-12-2002 90576 008 ****50.00

DOCUMENT # L01000021464

1. Entity Name

THRAILKILL & ASSOCIATES, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2 South Osceola Ave
Suite, Apt. #, etc.
1

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Zip

32801

Country

USA

Zip

Country

4. FEI Number

59-3760402

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

G. Harlan Thraikill

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

2 South Osceola Avenue

City

Orlando

FL

Zip Code

32801

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

G. Harlan Thraikill

President

4-31-02

Signature, typed 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
G. Harlan Thraikill
1844 Winding Oaks Drive
Orlando, FL 32825
President / Secy / Treas / Director

TITLE
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CITY-ST-ZIP

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**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:

G. Harlan Thraikill

President

4-31-01

407-428-9555

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

Date

Daytime Phone #

CR2E083B (12/01)