

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90234 041 \*\*\*\*50.00

**DOCUMENT # L01000021464**

1. Entity Name

**THRAILKILL & ASSOCIATES, LLC**



Principal Place of Business

**8 SOUTH OSCEOLA AVE.  
#2104  
ORLANDO FL 32801**

Mailing Address

**8 SOUTH OSCEOLA AVE.  
#2104  
ORLANDO FL 32801**

2. Principal Place of Business

**1844 Winding Oaks Drive**

Suite, Apt. #, etc.

**Orlando FL**

**Zip 32825 Country USA**

3. Mailing Address

**1844 Winding Oaks Drive**

Suite, Apt. #, etc.

**Orlando FL**

**Zip 32825 Country USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3760402**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**THRAILKILL, G. HARLAN  
8 SOUTH OSCEOLA AVE. #2104  
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

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

**1844 Winding Oaks Drive**

**City Orlando**

**FL**

**Zip Code 32825**

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 **G. Harlan Thrailkill**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-21-03**

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete  
NAME **THRAILKILL, G. HARLAN**  
STREET ADDRESS **1844 WINDING OAKS DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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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: **G. Harlan Thrailkill** **4-21-03** **407-249-1825**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)