

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

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90735 020 ****50.00

DOCUMENT #L01000021506

1. Entity Name

Privacy Protection, L.L.C. ✓

DO NOT WRITE IN THIS SPACE

B0123180

2. Principal Place of Business

1757 Oleander Place

3. Mailing Address

1757 Oleander Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

4. FEI Number

01-0597392

Applied For

Not Applicable

Zip

32210

Country

United States

Zip

32210

Country

United States

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Geddes D. Anderson

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

225 Water Street, Suite 1500

City

Jacksonville,

FL

Zip Code

32202

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both the State of Florida.

SIGNATURE

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

MGRM

Robert B. George

1757 Oleander Place

Jacksonville, FL 32210

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MGRM

Erin McCarty

1757 Oleander Place

Jacksonville, FL 32210

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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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:

Robert B. George

Robert B. George

5/15/02

(904) 387-6359

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

Date

Daytime Phone #