

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

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

03-29-2002 91211 048 *****50.00

DOCUMENT # L01000022072

1. Entity Name

PALM BAY, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
803 N. Calhoun Street

Suite, Apt. #, etc.

3. Mailing Address
803 N. Calhoun Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tallahassee, FL

City & State
Tallahassee, FL

4. FEI Number
80-0032766

Applied For
Not Applicable

Zip 32303 **Country** USA

Zip 32303 **Country** USA

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 Theodore E. Mack

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

803 N. Calhoun St.

City Tallahassee **FL** **Zip Code** 32303

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  **Theodore E. Mack**

DATE 2/25/2002

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME Theordore E. Mack
STREET ADDRESS 803 N. Calhoun St.
CITY-ST-ZIP Tallahassee, FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME Jerry W. Hinson
STREET ADDRESS 803 N. Calhoun St.
CITY-ST-ZIP Tallahassee, FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME Annette B. Jansenius
STREET ADDRESS 803 N. Calhoun St.
CITY-ST-ZIP Tallahassee, FL 32303

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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:  **Jerry W. Hinson, Manager**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 2/25/02 **Daytime Phone #** 850-638-4654

CR2E083B (12/01)