

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

**FILED**  
**Jul 28, 2002 8:00 am**  
**Secretary of State**

07-28-2002 90171 016 \*\*\*\*50.00

**DOCUMENT #** L01000022093

**1. Entity Name**

HOWES' FAMILY, LLC

**DO NOT WRITE IN THIS SPACE**

971442

**2. Principal Place of Business**

17158 76<sup>th</sup> St

**3. Mailing Address**

Same 2212 NW 26<sup>th</sup> Ter

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

Live Oak, FL

**City & State**

Gainesville FL

**4. FEI Number**

59-3581308

**Applied For**

**Not Applicable**

**Zip**

32060

**Country**

Suwannee

**Zip**

32605

**Country**

Alachua

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

Charles R. Howes

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

17158 76<sup>th</sup> St

**City**

Live Oak

**FL**

**Zip Code**

32060

**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**

Charles R. Howes

7-19-02

**DATE**

**FEE IS \$50.00**

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

**9. MANAGING MEMBERS/MANAGERS**

|  |  |  |  |
|--|--|--|--|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | Charles R. Howes, Managing Member<br>17158 76 St<br>Live Oak, FL 32060 | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  |
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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:**

Charles R. Howes

7-19-02 386 3622624

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

**Date**

**Daytime Phone #**

CR2E083B (12/01)