LIMITED LIABILITY COMPANY UNIFORM BUSINESS CONT (UBR)

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DOCUMENT # LOIOOO 2212	7		ED
Wendy Morris LCC		03 007 13	PM 3: 25
		A COMPANIES OF THE PARK AND A SECOND COMPANIES OF THE PARK AND COMPANIES OF THE PARK AND COMPANIES OF THE PARK AND COMPAN	
DO NOT WRITE IN THIS SP	ACE	SECRETARY TALLAHASSE	OF STAIL E.FLORIDA
2. Principal Place of Business J 3. Mailing Address			
214 Madrid St. 214 Madr	id St.		•
Suite, Apt. #, etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE)E
St. Hugustine, Fl St. Hugustin		pplied	Applied For Not Applicable
Sacro Country's Zip 33080		Fee Fee	00 Additional Required
	Name / 7. Name a	nd Address of Current Registered Age	int
DO-NOT WRITE	uend	Morris	<u></u>
	Street Address (P.O. Box M	imber is Not Acceptable) MEM) ADDRESS
IN THIS SPACE	214 Mo	drid St.	
	City ST Augus	ustine FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its re			
the obligations of registered agent.	•	. , ,	ſ
SIGNATURE Signature, typed or printed name of decistered agent and title if applicable.	<u> </u>	9/26/03	
	E(IS(\$50.00)		
	to Florida Department of State		ĺ
The first contact and a second	EBY MAY 1	4	
IIILE Managing MEMBERS/MANAGERS	internal control of the control of t	and the second second	
NAME LIXENDY MOCKIS LCC	NAME	80002341198	12/02 (12/02)
STREET ADDRESS 214 Modrid St.		//29/ ₄ 03-1001-14-1003	#50.UU / B
CITY-ST-ZIP St. Augustine, Fl 32080	CITY ST-ZIP		######################################
TITLE NAME	TITLE .		*
STREET ADDRESS .	STREET ADDRESS		
CITY-ST-ZIP	GTY-ST-ZIP		
TITLE	mu · / A · · ·		
NAME STREET ADDRESS	NAME STREET ADDRESS		-
CITY-ST-ZIP	CITY-ST-ZIP	DO NOT WRITE	
TITLE	· ITUE.	IN THIS SPACE	
NAME Street Address	NAME. STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	mue ,		
NAME OFFICE OF THE OFFI	NAME STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	mu		
NAME	NAME		
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for t	e exemption stated in Section 119.07	(3)(i), Florida Statutes. I further certify the	at the information
indicated on this report is true and accurate and that my signature shall have the limited liability company or the receiver or trustee empowered to execute this re	same legal effect as if made under (oath; that I am a managing member or r	nanager of the
10 1-100		0//	_
SIGNATURE: Wendy Woms L		1/26/03 904-46	1-9238
	ER OR AUTHORIZED REPRESENTATIVE	Date Couline	Phone #

Form SS-4 (Rev. April 2000) Department of the Tr Internal Revenue Ser

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN		

	April 2000)	governme	nt agencies,	certain indiv	iduals, ar	id others. See li	natructions.) [
	tment of the Tressury at Revenue Service		▶ I	(еер а сору	for your	records.			OMB No. 1	1545-0003	
Name of applicant (legal name) (see instructions)					101 7001	900,43.			-,		
ł	1 Daniel	Morris		,							
اخد					T						
clearty	2 Trade name of bus	siness (if different	t from name o	on line 1)	3 Exec	utor, trustee, "c	are of "name	•			
print	4a Mailing address (e		om, apt., or s	suite no.)	5a Busi	ness address (if	different from	n addres	ddress on lines 4a and 4b)		
ð	4b City, state, and ZII		· · · · · · · · · · · · · · · · · · ·		5b City,	state, and ZIP of	ode				
ğ	St. Abausti	ne, Fl.	3005	?O							
9	6 County and state	where principal b	usiness is loc	ated							
E S	54.50	nns Cou	my race	Flo	rida	<u> </u>		HE(CEIV	ED_	
_	St. Johns County Florida RECEI 7. Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) > Wendy R. Morris 493-60-6958 APR 012) •				
	Wendy	K. Mor	-12	49	<u>3- (60</u>	3-6951		APH	01 200	2	
8a	Type of entity (Check	only one box.) (s	ee Instruction	s)			ΤΛ	CA.	IRS #5	•	
	Caution: If applicant is	•		•	ctions for l	ine 8e	Λi	36	IHS #5.	220	
										020	
	Sole proprietor (SS	NI\		·□ -	atata (CC)	N of decedent)	:	:			
											
	Partnership		onal service o	·		istrator (SSN)	112				
	REMIC		onal Guard	''	•	ration (specify)					
	State/local governr		ers' cooperativ	=	rust		٠ .	٠	2.0	•	
	☐ Church or church-	controlled organiz	zation	∐ F	ederal go	vernment/military	/				
	Other nonprofit org	anization (specify	n ►			_(enter GEN if a	pplicable)		 		
	☐ Other (specify) ►						3				
8b	If a corporation, name (If applicable) where in		eign country	State	Flori	da	Foreig	n countr	у		
9	Reason for applying (C	heck only one ha	v) (see instru	ctions) 🔲 B	lanking n	rpose (specify p	urnonol D			,	
•					_						
	Started new busine	ess (specify type)				pe of organization	on (specify r	ew type;	-		
				_	urchased	going business		•	•		
	Hired employees (0			.) ∐ 0	reated a 1	trust (specify typ					
	Created a pension	plan (specify typ	e) >				Other				
10	Date business started) (see instruc	tions)	11 Closir		account	ing year (see i	instructions)	
	Jan,	2,200))			<u> </u>	Dec.				
12	First date wages or ar	nuities were paid	or will be po	aid (month, da	ay, γear).	Note: If applican		Iding age	ent, enter date	e Income will	
	first be paid to nonres	ident alien. (mon	th, day, year)	NA			>		,		
13	Highest number of em							icultural	Agricultural	Household	
Ö	expect to have any en						,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
14	Principal activity (see										
				2300 C	20th	sparzor /			 _		
15	••								. 🗌 Yes	No	
	If "Yes," principal proc	duct and raw mat	terlal used 🟲								
16	To whom are most of	the products or	services sold	Please che	ck one bo	ox.	□в	usiness (wholesale)	<u>*</u>	
	Public (retail)	Othe	r (specify) 🕨					- -,		□ N/A	
17a	Has the applicant ever			tification num	nber for th	is or any other b	usiness? ,		. Yes	No	
17b	If you checked "Yes" Legal name ▶	on line 17a, give	applicant's le	gal name and		me shown on pri	ior application	n, if diffe	erent from line	of 2 above.	
•	Approximate date whe		data 14/5 AL	o opplication			amala ar ida	atificati-	n number if t		
irc							employer lo			MOWII.	
	Approximate date when f	mou (mu., day, year	/ City end sta	(a wilese linea √ 1/2 (C) (C+1/3)	10 k	Elari L	,	Previous	, E44		
								<u> </u>	<u>i·</u>		
Under	penalties of perjury, I declare that			=	=	belief, it is true, correct	t, and complete.			(include area code)	
	1.10 -	du m	مر ر سز د	$\sim 1/1$	C			1900	/		
	Wen	dy m	01117	, <u> </u>	_		_	Fax telepi	one number (incl	ude area code)	
Nam	e and title (Please type or p						>	17			
7 - 224 11	/ 1	4									
Di-	- // / /	la Min	النبا	' .C			Date •	. 2	- コメーカ	. .	
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		<u> </u>		WILLS DEION		or official use of		T			
Plea	se leave Geo.		Ind.		C	188 .	Size	Reason	for applying		
K-1	J. K.		1	•	ı		1				