2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000022445

1. Entity Name

MESSYCOUNTER LLC



FILED Mar 18, 2003 8:00 am Secretary of State

03-18-2003 90147 023 ***150.00

WILOUTOOUNTEN, ELC									
Principal Place of Business 103 QUEENS ROAD FORT PIERCE FL 34949		Mailing Address 103 QUEENS ROAD FORT PIERCE FL 34949				·		i	
	•								
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI NU	mber COO	815	, –	pplied For ot Applicable	
Zip	Country	Zip	Country	5. Certific	cate of Status Desired		\$5.00 Ad	ditional	
	6. Name and Address of Current	Registered Agent		7. Name	and Address of New				
S74	RY LAWLOR, WILLIAM P		Name						
103	QUEENS ROAD IT PIERCE FL 34949		Street Address (F			P.O. Box Number is Not Acceptable)			
FUR	11 FIENCE FL 34849								
			City		. ,	FL	Zip Coo	le	
8. The above the obligat	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered office or reg	istered agent, or	both, in the State of F	lorida. I am fa	amiliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTI	E: Registered Agent signature rec	quired when reinstating)		DATE		<u> </u>	
	, 	FILE NO	OW!!! FEE IS \$50.0	00		· ·		.	
			e to Florida Depart		=				
		1	By May 1, 2003						
9.	MANAGING MEMBEI		10.		ADDITIONS	/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SZARY LAWLOR, WILLIAM P 103 QUEENS ROAD FORT PIERCE FL 34949	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with t	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	

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 impowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: