2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

May 07, 2003 8:00 am Secretary of State 04-21-2003 90114 037 ****50.00

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1. Entity Nam	10	# LO20000 PUCKETT & COMPA					04-21-2003	3 90114 037 ***		
Principal Place of Business . Mailing Address 605 ROBINSON STREET, SUITE 635 605 ROBINSON STREET, SUIT			JITE 635	· I			JUVU	UUNU		
ORLANDO FL 3	2901		ORLANDO FL 32901	•						
Principal Place of Business 3. Mailing Address					-					
Suite, Apt. #, etc. Suite, Apt. #, etc.				-{ ·	CHECK HERE IF	MAKING CHANGES	i			
City & State City & State				4. FEI Nur	· O ニー	1	pplied For ot Applicable			
Zip		Country	Zip	Cour	ntry		ate of Status Desired	S5.00 Ad	ditional	1
	6. Name and Address of Current Registered Agent				7. Name s	nd Address of New Reg			_	
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PUCKETT, CHARLES W 605 E ROBINSON STREET, STE. 635 ORLANDO FL 32801				Street Address	(P.O. Box Nurr	nber is Not Acceptable)			7	
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the obligat	named entity ions of regist		the purpose of changing its	register	ed office or regist	ered agent, or i	both, in the State of Florid	ja. I am familiat with,	and accept	
SIGNATURE ,	Signature, typed	or printed name of registered agent a	nd (ithe # applicable. (NOTE	: Registere	d Agent signature requi	red when reinstating)		DATE		
			Make Check Payabl	e to Fl	FEE IS \$50.00 orlda Departm ay 1, 2003					
9.		MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/CI	HANGES		١.
TITLE	MEMBE	R- Secretory	Treas Delete	fitu				☐ Change	Addition	ୣଊ
NAME STREET ADDRESS CITY-ST-ZIP		E R. DAVIS ROBINSON ST. DO, FL 32801	STE. 635		E et adoress -st-zip	•			-	~97EnA3 (10/02)
TITLE		R - Presiden		TITLE			<u> </u>	☐ Change	[] Addition	 §
NAME STREET AUDRESS	ELDEN G. MCDIRMIT 605 E. ROBINSON ST. STE. 635			ET ADORESS		· , ·		_		
CITY-ST-ZIP		00, FL 32801		-	-ST-ZIP				F72	4
TITLE NAME	CHARL	R - UNCE PRE ES W. PUCKETT ROBINSON-ST.		HAM	ſ	- <u></u>	, · · · 	Change	Addition	
"STREET ADDRESS" CITY-ST-ZIP		00, FL 32801	D123 033		-ST-ZIP					İ
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indicated a	on this repor ollity compari	t is true and accurate and th	his filing does not qualify for nat my signature shall have the empowered to execute this re	ne same eport as	legal effect as if required by Char	made under oa	th: that I am a managing	rther certify that the in member or manager	formation of the	

SIGNATURE: MASSING SOURED	·	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Deta	Daytime Phone #