

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

DOCUMENT # **L02000001932**

1. Entity Name

Kopy Kats, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAR 28 PM 2:49

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

56 N. Virginia St.

3. Mailing Address

56 N. Virginia St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Quincy FL

City & State

Quincy FL

Zip

32351

Country

USA

Zip

32351

Country

USA

4. FEI Number

01-0586977

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Ralph L Anderson II

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

56 N. Virginia St

City

Quincy

FL

Zip Code

32351

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

Signature, typed or printed name of registered agent and title if applicable

3/28/03
DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

700015168257

04/02/03--01034--005 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Manager
Ralph L Anderson II
56 N. Virginia St.
Quincy FL 32351**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Manager
Rebecca Anderson
56 N. Virginia St.
Quincy FL 32351**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

Bpr

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:

Signature and typed or printed name of signing managing member, manager, or authorized representative

3/28/03
Date

850-567-7330
Daytime Phone #

CR2E083B (12/01)