2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 21, 2003 8:00 am Secretary of State

DOCUMENT # LO2000002587 1. Entity Name MADDOG, LLC							03-19-2003 9	0044 019	, ****	50.00	
Principal Place of Business Mailing Address											
8132 LI FAIR DRIVE 8132 LI FAIR DRIVE PENSACOLA FL 32506 PENSACOLA FL 32506											
LIGNOOD	L JEJAN		PENONODA PE 02300			1		N 8401 ETCS (10	. 4 > 0 15 0 1 1	P(1) 14 E(12 E)	
				_ 							
2. Principal Place of Business 3. Mailing Address 8182 Ufac Dc. 8183 Ufac) c	(IIII	IESY DIE BOULD HIEM POWY EETÝ OT			BANA TO BE AUDIT	
Suite, Apt. #, etc. Suite, Apt. #, etc.						CHECK HERE IF MAKING CHANGES					
Pensa	Pensarola FI			City & State Venoacola, Fl			4. FELNumber 39 -6711 Applied For Not Applied ber				
2ip 8€000	1'	Exambica	39000	Cour	mbia	5. Certifica	ite of Status Desired	□ \$5. Fee	00 Add	ditional ed	1
		nd Address of Current F	Nome	7. Name and Address of New Registered Agent							
DUNCAN, MICHAEL H											
8132 LI FAIR DRIVE:					Street Address (P.O. Box Number is Not Acceptable)						7
PENSACOLA FL 32506											7
					City				Zip Cod	e	-{
2 The shave				FL							
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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE											
	Signature, typed or	printed name of registered agent as	nd title if applicable. (P	OTE: Registers	d Agent signature require	d when reinstating)		DATE			┨
FILE NOW! Make Check Payable to					FEE IS \$50.00	unt of State					
<u> </u>			· 1		onca Departme sy 1, 2003	int of State					1
9.~	â	MANAGING MEMBER		10.			ADDITION\$/CH	ANGES			┪
TITLE	Courter	MGRM	☐ Delete	TITL	<u> </u>				Change	Addition	g [
NAME STREET ADDRESS	Michael	Durain		. NAM							15
CITY-ST-ZIP		de Flaa600	· 		ET ADDRESS - ST-ZIP						83
TITLE VAL	CARCA		Delete	TITLE					Change	☐ Addition	CR2E083 (10/02)
NAME	Jestoia '		C Dear	NAM				<u></u>	Ji Kunge	_ Abbilion	O
CITY-ST-ZIP PENSACOLA FL 82500 CITY-									·	□ Addition	-
NAME:			☐ Delete	IIILE NAMI	í				Change	☐ Addition	
STREET ADDRESS				STRE	ET ADDRESS						1
CITY-ST-ZIP				CITY	- ST- ZIP						.]
TITLE NAME			☐ Delete ·	TITLE Name					Change	Addition	
STREET ADDRESS					ET ADDRESS						}
ÇITY-ST-ZIP				CITY-	-ST-ZIP]
TITLE			☐ Delate	TITLE	1				thange	☐ Addition	}
NAME STREET ADDRESS				NAME	J						
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS ST-ZIP						1
TITLE			☐ Delate	TITLE					hange	Addition	1
NAME			,	NAME					Ξ,		}
STREET ADDRESS					ET ADDRESS						1
CITY-ST-ZIP	ertify that the in	nformation europlied with a	his filing does not qualify:		ST-ZIP	ction 110 07/2	Vil Florida Statistas 15:4	nor north the	al the let	formation	}
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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.											