2003 LIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L0200003768 CHASING CIRCLE, LLC



FILED Sep 24, 2003 8:00 am Secretary of State 05-09-2003 90055 028 ****50.00

Principal Plac	ce of Business	Mailing Address	Mailing Address							
809 EAST SIXTH AVENUE TALLAHASSEE FL 32303:		809 EAST SIXTH AVENUE TALLAHASSEE FL 32303			 	55057044				
2. Principal Place of Business		3. Mailing Address								
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Sta	te	City & State			4. FEI Nur	mber 4-2091710			pplied For ot Applicable	
Zip	Country	Zip	Cour	ntry		ate of Status Desired		5.00 Ad	ditional	
	6. Name and Address of Current	Registered Agent	1		7. Name a	and Address of New Reg	gistered Ac	ent		
				Name						
KEE MORSE, CAMERON				Street Address (P.O. Box Number is Not Acceptable)						
809 EAST SIXTH AVENUE TALLAHASSEE FL 32303				Street Add	aress (P.O. Box Nun	noer is Not Acceptable)				
				City		., .	FL	Zip Coo	le	
O The charge			7 . 1					<u> </u>		
the obligat	e named entity submits this statement for tions of registered agent.	or the purpose of changing its	s registeri	ed office or re	egistered agent, or I	both, in the State of Florid	da. I am far	niliar with,	and accept	
SIGNATURE					<u> </u>					
	Signature, typed or printed name of registered agent	and title if applicable. (NOI	E: Hegistere	d Agent signature	required when reinstating)		DATE			
		FILE N	OW!!!	FEE IS \$5	0.00					
		Make Check Payab	le to Fi	orida Depa	ertment of State					
		Due By	/ Septe	mber 24, 2	003					
9.	MANAGING MEMBE	RS/MANAGERS	10.		· · ·	ADDITIONS/C	HANGES			
TITLE	Maraying member	☐ Delete	TITLE				_	Change	Addition	
NAME	CO BLOS KER NO	15 rc	NAM		•					
STREET ADDRESS	809 East Sitth	Avenue	STRE	ET ADDRESS						
CITY-ST-ZIP	Tallahassee F1	ን <i>ኃ</i>	CITY	-ST-ZIP						
TITLE	Manajing member Eaven Ann Mos 809 East Sixth	□ Delete	TITLE	E				Change	Addition	
NAME	Eaven Ann Mas	د ~ر	NAM	E				_ •	_	
STREET ADDRESS	809 East Sixth	Ave	STRE	ET ADDRESS						
CITY-ST-ZIP	Tellahossre FL	32303	CITY	-ST-ZIP						
TITLE		Delete	TITLE				<u>.</u> . [Change	Addition	
NAME			NAM	E					- -	
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP		<u> </u>	CITY	-ST-ZIP						
TITLE		☐ Delete	TITLE				[☐ Change	☐ Addition	
NAME			NAM	ľ						
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			-	-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME CTREET ADDRESS			NAMI				•			
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS						
				-ST-ZIP						
TITLE		☐ Delete	TITLE	l l		•		☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME							
CITY-ST-ZIP				ET ADDRESS -ST-7IP						

thereby 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.

8/23/03 (850) 425-8607

5/. 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT DOCUMENT # L02000003768 1. Entry Name CHASING CIRCLE, LLC Principal Place of Business Mailing Address 809 EAST SOUTH AVENUE 809 EAST SOUTH AVENUE TALLAHUSSEE, FL 32303 TALLAHASSEE, FL 32303 1. Principal Place of Business 3. Mailing Address Sulfig. APIL #. 480. Suhe, Apil é, elç. THECK HERE IF MAKING CHANGES City & Shaw City & State A FFI Number Applied For Not Applicable Country Ζip Country 20 \$5.00 Additional For Required 5. Cettificate of Status Desired d Address of Current R KEE MORSE, CAMERON 809 EAST SOTH AVENUE TALLAHASSEE, FL 32003 Street Address (P.O. Box Number is Not Accept CIN Zip Code 6. 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 collections of registered agent. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MLE Partner TIRE Di Datas ☐ Addi ometer her Moise STUFFT ANDRESS STREET ADDRESS CETY-\$1-29 CE - 12-11D 2303 a hassee WIL TITLE () Cleaner Addition sinth Ave を記れ STREET! ADDRESS SING ACCOUNT LEV-12-29 303 CTN -67-20 a hasses पार्थ D 0mm Charge ☐ Adulton STREET ADDRESS STAFF WITH CST-61-29 CO 41-20 TOTAL . TOLE Charge D Addition SHEET ADDRESS CET-57-TED atr-61-20 1111 C Debas TITLE ☐ Cenge Addition فلند ATTEN ADDRESS SPEED ALTHUR COT SI 20 CT -61-10 mu T/U.F Addition Cards: STATES AND ESTATES STREET ACCOMESS OTV-ST-20 .41. I freely certily that the information supplied with the filting does not qualify for the exemption estated in Section 119.07(3)(i). Finites Strautes, 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 certify that I am a managing member or manager of the similar littlifty company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: *5/1/*03 (850) 425-860. ER MANAGER OR AUTHORITIA REPRESENTATION