

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/11/2003-90041-015-\$50.00-\$50.00

000782

DOCUMENT # L02000004631

1. Entity Name

MONEY BAYOU, LLC



FILED

03 SEP 24 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5746 CENTERVILLE ROAD  
TALLAHASSEE FL 32309

5746 CENTERVILLE ROAD  
TALLAHASSEE FL 32309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0614507

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STOPKA, ALBERT J III  
108 MOSLEY DRIVE  
LYNN HAVEN FL 32444

Name Ralph Robertson

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

214 7th Street

City Port St. Joe

FL

Zip Code 32456

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

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

Ralph Robertson  
(NOTE: Registered Agent signature required when reinstating)

9/23/03 9/2/03

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State  
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRP  
NAME Hardman, Patricia K  
STREET ADDRESS 5746 Centerville Rd.  
CITY-ST-ZIP Tallahassee, FL 32308

☐ 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

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STREET ADDRESS  
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☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

Patricia K Hardman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/2/03

Date

Daytime Phone #

CR2E083 (4/03)