

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90231 023 \*\*\*\*\*50.00

0045293

**DOCUMENT # L02000005402**

1. Entity Name

**REMEMBER ME LTD. CO.**



Principal Place of Business

**485 S CHURCH ST  
LAKE CITY FL 32025**

Mailing Address

**485 S CHURCH ST  
LAKE CITY FL 32025**

2. Principal Place of Business

**334 E. Duval St.**

3. Mailing Address

**334 E. Duval St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Lake City, Fl.**

City & State

**Lake City, Fl.**

4. FEI Number

**59-3753468**

Applied For

Not Applicable

Zip

**32055**

Country

**USA**

Zip

**32055**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TRIMBLE, CATHY D  
16825 27TH PL  
LAKE CITY FL 32024**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

*Cathy D. Trimble*  
Signature, typed or printed name of registered agent and title if applicable.

**Cathy D. Trimble President**

**4-21-03**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Cathy D. Trimble 16825 27th Pl. Lake City, Fl. 32024</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President Sharon Conner 485 S. Church St. Lake City, Fl. 32025</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Wanda Strickland Rt. 17 Box 975 Lake City, Fl. 32055</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer P. Kay Trimble 16825 27th Pl. Lake City, Fl. 32024</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Cathy D. Trimble*  
Signature and typed or printed name of signing managing member, manager, or authorized representative

**Cathy D. Trimble President**

**4-21-03 386-758-9034**

Date

Daytime Phone #

CR2E083 (10/02)