

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90109 026 ****50.00

DOCUMENT # L02000006981

1. Entity Name
TOM ELROD, LLC



Principal Place of Business
**1983 CENTRE POINT BOULEVARD, SUITE 100
TALLAHASSEE FL 32308**

Mailing Address
**1983 CENTRE POINT BOULEVARD, SUITE 100
TALLAHASSEE FL 32308**

2. Principal Place of Business
719 Kiwi Circle

3. Mailing Address
719 Kiwi Circle

Suite, Apt. #, etc.

City & State
Winter Park, FL

City & State
Winter Park, FL

Zip
32789

Country
US

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOUFF, JANICE T
1983 CENTRE POINT BOULEVARD, SUITE 100
TALLAHASSEE FL 32308

Name
Elrod, Thomas R., Jr.

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

City
Winter Park

FL Zip Code
32789

8. The above named entity submits this statement for the purpose of changing the registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Thomas R. Elrod, Jr.* **Thomas R. Elrod, Jr.** DATE **2/4/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *Thomas R. Elrod, Jr.* **THOMAS R. ELROD, JR.** DATE **2/4/03** **407-645-2631**

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

Daytime Phone #

CP2E083 (10/02)