

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

02-10-2003 90104 043 \*\*\*\*50.00

**DOCUMENT # L02000006985**

1. Entity Name

**JANET ELROD, LLC**



Principal Place of Business

Mailing Address

**1983 CENTRE POINTE BOULEVARD, SUITE 100  
TALLAHASSEE FL 32308**

**1983 CENTRE POINTE BOULEVARD, SUITE 100  
TALLAHASSEE FL 32308**

2. Principal Place of Business

**719 Kiwi Circle**

Suite, Apt. #, etc.

3. Mailing Address

**719 Kiwi Circle**

Suite, Apt. #, etc.

City & State  
**Winter Park, FL**

City & State  
**Winter Park, FL**

4. FEI Number

Applied For

☒ Not Applicable

Zip  
**32789**

Country  
**US**

Zip  
**32789**

Country  
**US**

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 POINTE BOULEVARD, SUITE 100  
TALLAHASSEE FL 32308**

Name

**Elrod, Janet W.**

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

**719 Kiwi Circle**

**719 Kiwi Circle**

City

**Winter Park**

**FL**

Zip Code  
**32789**

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 Janet W. Elrod  
Signature, typed or printed name of registered agent and title if applicable.

**Janet W. Elrod**

**2-4-03**

DATE

**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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM: ELROD, JANET W.  
719 KIWI CIRCLE  
WINTER PARK, FL 32789**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Janet W. Elrod  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**2-4-03** (407) 645-2631  
Date Daytime Phone #

CR2E083 (10/02)