FILED
May 19, 2003 8:00 am
Secretary of State

04-28-2003 90102 028 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4

DOCUMENT # L02000007105

1. Entity Name
GROUP 283, LLC

44001923

Principal Place of Business
97 SEABREEZE CIRCLE
PANAMA CITY BEACH FL 32413

Mailing Address
97 SEABREEZE CIRCLE
PANAMA CITY BEACH FL 32413

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
8281 E. CR30A		P.O. BOX 611655	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: P.C. BEACH FL		City & State: ROSEMARY BEACH FL	
Zip: 32413	Country: USA	Zip: 32461	Country: USA

4. FEI Number: 02-0583038 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BELCOURT, DAVID W
97 SEABREEZE CIRCLE
PANAMA CITY BEACH FL 32413

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 David W. Belcourt 4/25/03
Signature, typed or printed name of registered agent and title if applicable. (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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'BRIEN, MICHAEL 2277 ROSEBERRY LANE GRAYSTON GA 30017	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ~~☐ Addition~~
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELCOURT, DAVID W ~~97 SEABREEZE CIRCLE~~ PANAMA CITY BEACH FL 32413	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (10/02)

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: David W. Belcourt 4/25/03 850-231-0517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #