

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2003 8:00 am
Secretary of State

02-28-2003 90041 032 ****50.00

DOCUMENT # L02000009213

1. Entity Name

CEDAR KEY AUTO PARTS AND MARINE, LLC



Principal Place of Business

HIGHWAY 24 AND FIRST ST.
CEDAR KEY FL 32625

Mailing Address

HIGHWAY 24 AND FIRST ST.
CEDAR KEY FL 32625

2. Principal Place of Business

573 3rd St
Suite, Apt. #, etc.

3. Mailing Address

1523 N Young Blvd
Suite, Apt. #, etc.

City & State

Cedar Key, FL
32625 USA

City & State

Chiefland, FL
32626 USA

4. FEI Number

59-3194249

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

WATSON, TODD
7785 BAYMEADOWS WAY, SUITE 107
JACKSONVILLE FL 32256

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

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

TITLE MGR
NAME CRITTENDEN, THOMAS J III
STREET ADDRESS 1523 N. YOUNG BLVD.
CITY-ST-ZIP CHIEFLAND FL 32626 ☐ Delete

TITLE MGR
NAME HORNE, BRANDY
STREET ADDRESS 1523 N. YOUNG BLVD.
CITY-ST-ZIP CHIEFLAND FL 32626 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Brandy Horne REC Brandy Horne 2/18/03 3524932533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)