# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Aug 04, 2003 8:00 am**
**Secretary of State**

07-21-2003 90087 004 ****50.00

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[redacted]

DOCUMENT # L02000010205

1. Entity Name
A&E MANAGEMENT, LLC

Principal Place of Business
668 N. ORLANDO AVENUE. SUITE 1007
MAITLAND FL 32751

Mailing Address
668 N. ORLANDO AVENUE. SUITE 1007
MAITLAND FL 32751

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
2995 Stonewall Place
Suite, Apt. #, etc.

3. Mailing Address
2995 Stonewall Place
Suite, Apt. #, etc.

City & State: Sanford, FL 32773
Zip: 32773 Country: USA

City & State: Sanford, FL
Zip: 32773 Country: USA

4. FEI Number: 03-0446862 — Applied For / Not Applicable

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

**6. Name and Address of Current Registered Agent**
TREADWAY, LAURA
668 N. ORLANDO AVENUE, SUITE 1007
MAITLAND FL 32751

**7. Name and Address of New Registered Agent**
Name: TREADWAY, LAURA L
Street Address (P.O. Box Number is Not Acceptable): 2995 STONEWALL PLACE
City: SANFORD FL Zip Code: 32773

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: Laura Treadway — 7/16/03
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 September 24, 2003**

**9. MANAGING MEMBERS / MANAGERS**

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | |
|---|---|---|---|---|
| MGRM | TREADWAY, LAURA | 668 N. ORLANDO AVENUE, SUITE 1007 | MAITLAND FL 32751 | ☐ Delete |
| | | | | ☐ Delete |
| | | | | ☐ Delete |
| | | | | ☐ Delete |
| | | | | ☐ Delete |
| | | | | ☒ Delete |

**10. ADDITIONS / CHANGES**

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | |
|---|---|---|---|---|
| MGRM | TREADWAY, LAURA | 2995 STONEWALL PLACE | SANFORD, FL 32773 | ☒ Change ☐ Addition |
| | | | | ☐ Change ☐ Addition |
| | | | | ☐ Change ☐ Addition |
| | | | | ☐ Change ☐ Addition |
| | | | | ☐ Change ☐ Addition |
| | | | | ☐ Change ☐ Addition |

CR2E083 (4/03)

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: Laura Treadway — 7/16/03 — 407-936-9363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #