

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90609 033 ****50.00

DOCUMENT # L02000010692

1. Entity Name

KAYCAR CONSULTING, L.L.C.



Principal Place of Business

Mailing Address

205 WORTH AVE.
PALM BEACH FL 33480

205 WORTH AVE.
PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0680062

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

7. Name and Address of New Registered Agent

CASEY, PATRICK J
515 N. FLAGLER DR., STE. 1900
WEST PALM BEACH FL 33401

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

10. ADDITIONS/CHANGES

TITLE MGR
NAME KUYKENDALL, CAROLE
STREET ADDRESS 4436 N.W. 50TH ST., STE. 102
CITY-ST-ZIP OKLAHOMA CITY OK 73112-2212 ☐ Delete

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

TITLE MGR
NAME KUYKENDALL, KATHLEEN
STREET ADDRESS 4436 N.W. 50TH ST., STE. 102
CITY-ST-ZIP OKLAHOMA CITY OK 73112-2212 ☐ Delete

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

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

11. I hereby certify that the information supplied with this filing is true and accurate and that I am a managing member or manager of the limited liability company for the purpose of this report as required by Chapter 608, Florida Statutes.

SIGNATURE **SIGNATURE REQUIRED**

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

4-1-03 (405)947-0726

Date

Daytime Phone #

CR2E083 (10/02)

0031966