## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)



Feb 14, 2003 8:00 am Secretary of State 02-14-2003 90067 024 \*\*\*\*50.00

**FILED** 

DOCUMENT #	L02000014434
1. Entity Name	
AUDUM LLC	

AUKUM, L.I	L.U.	•							
Principal Place	of Business	Mailing Address							
OUTE 13. BOX 575 AKE CITY FL 32055		ROUTE 13. BOX 575 LAKE CITY FL 32055			1 10 6 1 10	14 OLY BOUND HANK BRIND BOUND		I BIBII BIB <b>II</b> IIII	L ANGL 1888
2. Principal Pla	Principal Place of Business 3. Mailing Address		<u></u>						
Suite, Apt. #	etc.	Suite, Apt. #, etc.				CHECK HERE	IF MAKING	CHANGES	
oute, Apr. II, oto		City & Ctoto	City & State		4. FEI Numb	per .		App	lied For
City & State		City & State	City & State			Applicable	<u>2</u>	Not \$5.00 Addit	Applicable
Zip	Country	Zip	Count	ry	1	e of Status Desired	ا_ا	ee Required	
	6. Name and Address of Curre	nt Registered Agent			7. Name an	d Address of New R	egistered A	gent	
		- North Control	-	Name	s <u>-</u>	- 1 - 1	·		
PATE	EL, MAHENDRA G TE 13, BOX 575		Street Addres		s (P.O. Box Number is Not Acceptable)				
	CITY FL 32055		ļ						
				City			FL	Zip Code	
8. The above the obligation	named entity submits this statement ons of registered agent.	t for the purpose of changing	its registere	ed office or regis	stered agent, or b	oth, in the State of Flo	orida. I am f	amiliar with, a	and accept
SIGNATURE _	Signature, typed or printed name of registered ag	ent and title if applicable. (N	OTE: Registere	d Agent signature requ	uired when reinstating)		DATE		
	Signature, typed or printed harne or registered ag		NOW!!!	FEE IS \$50.0	00				
		Make Check Paya	able to Fi	orida Departr	ment of State				
			Due By M	ay 1, 2003					
9.	MANAGING MEM	BERS/MANAGERS	10.			ADDITIONS	/CHANGES	☐ Change	Addition
TITLE	MGRM	☐ Delete	TITL					☐ Citange	
NAME	PATEL, MAHENDRA G		NAM STRI	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	ROUTE 13, BOX 575			(-ST-ZIP					
	LAKE CITY FL 32055	Delete	TITL					Change	Addition
TITLE NAME			NAM	AE					
STREET ADDRESS				EET ADDRESS	_	-	_		
CITY-ST-ZIP			CITY	Y-ST-ZIP		<u></u>		Change	Addition
TITLE		☐ Delete	TITL					ondango	
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NAME STREET ADDRESS			STF	REET ADDRESS					
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NAME				ME					
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP			CIT	TY-ST-ZIP				Change	Addition
TITLE		☐ Delete		ILE				□ cuange	L] Addition
NAME				ME ~					
STREET ADDRESS	•			REET ADDRESS TY-ST-ZIP					
CITY ST. 7IP	I		■ UI	11-21-21					

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.

MANAGER, OR AUTHORIZED REPRESENTATIVE