

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

7/1/2003-90001-016-\$50.00-\$50.00

0007628

**DOCUMENT # L02000014715**

1. Entity Name  
**TRI BROTHERS, LLC**



**FILED**

**03 OCT 15 AM 8:00**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business  
**8729 FT. CAROLINE ROAD  
JACKSONVILLE FL 32277**

Mailing Address  
**8729 FT. CAROLINE ROAD  
JACKSONVILLE FL 32277**

2. Principal Place of Business  
**8729 FT. CAROLINE RD**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**JACKSONVILLE, FLA.**

City & State  
City & State

Zip  
**32277**

Country  
**USA**

Zip  
Zip

Country  
Country

4. FEI Number  
**55-0792896**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**RAY, BRENDA R  
8729 FT. CAROLINE ROAD  
JACKSONVILLE FL 32277**

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 \_\_\_\_\_ (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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING MEMBER</b> <b>BRENDA R. RAY</b> <b>8729 FT. CAROLINE RD</b> <b>JACKSONVILLE, FL 32277</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED 10/3** (904) 743-8050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**BRENDA R. RAY, MANAGING MEMBER**

CP2E083 (4/03)