

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90009 001 *****5.00
01-10-2003 90009 002 *****50.00

DOCUMENT # L02000015152

1. Entity Name
8TH DAY LLC



Principal Place of Business

~~2044 POST STREET~~
~~JACKSONVILLE FL 32204~~

Mailing Address

1031 PARK ST.
JACKSONVILLE FL 32204

2. Principal Place of Business

1031 PARK ST. JAX FL 32204

3. Mailing Address

1031 PARK ST. JAX FL 32204

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32204

Country

U.S.A.

Zip

32204

Country

U.S.A.

4. FEI Number

02 0626457

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

55000453



6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET
MIAMI BEACH FL 33139

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 MGRM
NAME WILBRAHAM, GRAHAM
STREET ADDRESS 2044 POST STREET
CITY-ST-ZIP JACKSONVILLE FL 32204 ☐ Delete

TITLE MGRM
NAME PEACHER, JASON
STREET ADDRESS 2044 POST STREET
CITY-ST-ZIP JACKSONVILLE FL 32204 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME WILBRAHAM, GRAHAM
STREET ADDRESS 1031 PARK STREET
CITY-ST-ZIP JACKSONVILLE FL 32204 ☐ Change ☐ Addition

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

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

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

TITLE
NAME
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:

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

Date

Daytime Phone #

SIGNATURE REQUIRED WILBRAHAM 01-03-03 904 994 8288

CR2E083 (10/02)