

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90067 032 ****50.00

DOCUMENT # L020000015579

1. Entity Name

TEN FRIENDS, LLC



DO NOT WRITE IN THIS SPACE

14046619

2. Principal Place of Business

1660 Blackwelder Rd

3. Mailing Address

P.O. Box 644

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DeLeon Springs, FL

City & State

DeLeon Springs, FL

4. FEI Number

01-0718969

Applied For

Not Applicable

Zip

32130

Country

Volusia

Zip

32130

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Pamela S. Snyder

Street Address (P.O. Box Number is Not Acceptable)

1660 Blackwelder Rd

City

DeLeon Springs

FL

Zip Code

32130

**DO NOT WRITE
IN THIS SPACE**

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Harry Price
1660 Blackwelder Rd
DeLeon Springs, FL 32130

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Pamela S. Snyder
1660 Blackwelder Rd
DeLeon Spring

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Pamela S. Snyder

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

Date

7/20/04

Daytime Phone #

CR2E083B (12/02)