Lee Rivers
Corporations
PO Box 6327
Tallahassee, Fl. 32314

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2/5/2003 900031022 $50.00 $50.00

03 MAR 17 AM 9:27 WL 3/17

DOCUMENT # L02000016914

1. Entity Name
O'BRIAN, LLC

Principal Place of Business
3901 SW 20TH AVE. #901
GAINESVILLE FL 32607

Mailing Address
3901 SW 20TH AVE. #901
GAINESVILLE FL 32607

2. Principal Place of Business		3. Mailing Address	
OBrian LLC		OBrianLLC	
Suite, Apt. #, etc. 618 NW 60th St.		Suite, Apt. #, etc. 618 NW 60th St.	
City & State Gainesville, Fl.		City & State Gainesville, Fl.	
Zip 32607	Country USA	Zip 32607	Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 51-0411054 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PUGH, MERRILL
3901 SW 20TH AVE. #901
GAINESVILLE FL 32607

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			10. ADDITIONS/CHANGES		
TITLE SAME NAME SAME STREET ADDRESS CITY-ST-ZIP	Merrill L. Pugh -Changed-	☐ Delete	TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP	Merill L. Pugh 618 NW 60th St. Gainesville, Fl. 32607	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #