

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90069 001 ***150.00

DOCUMENT # L02000017550

1. Entity Name
THE PICOLATA RIVER GROUP, LLC



Principal Place of Business

**10690 CR 13 NORTH
ST AUGUSTINE FL 32092**

Mailing Address

**10690 CR 13 NORTH
ST AUGUSTINE FL 32092**

2. Principal Place of Business

**10690 C.R. 13 North
Suite, Apt. #, etc.**

3. Mailing Address

**Same
Suite, Apt. #, etc.**

City & State

St. Augustine, FL

City & State

Same

4. FEI Number

76-0704717

Applied For

Not Applicable

Zip

32092-8914

Country

St. Johns

Zip

Same

Country

Same

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SYKES, W. STEVE
SYKES & ASSOCIATES, PROFESSIONAL LIMITED
5 PALM ROW
ST. AUGUSTINE FL 32084**

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **MGR - President**
STREET ADDRESS **Stephen Girden**
CITY-ST-ZIP **10690 C.R. 13 North, St. Augustine, FL 32092**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **MGR - VP President**
STREET ADDRESS **Paul Arnold**
CITY-ST-ZIP **1170 McEntire Rd. Tryon, N.C. 28782**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **MGR - Treasurer**
STREET ADDRESS **Cynthia Girden**
CITY-ST-ZIP **10690 C.R. 13 North St. Augustine, FL 32092**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: **Stephen Girden**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/25/03 (904) 881-9286
Date Daytime Phone #

CR2E083 (10/02)