

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

FILED
May 17, 2004 8:00 am
Secretary of State

04-28-2004 90073 047 ****50.00

DOCUMENT # **L02000018404**

1. Entity Name

BEARD & ASSOCIATES, LLC



DO NOT WRITE IN THIS SPACE

34006423

2. Principal Place of Business
324 VALLEY DR

3. Mailing Address
324 VALLEY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LONGWOOD, FL

City & State
LONGWOOD, FL

4. FEI Number **02-0618957**

Applied For

Not Applicable

Zip
32779

Country
SEMINOLE

Zip
32779

Country
SEMINOLE

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **BRENDA M. BEARD**

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

324 VALLEY DR

City **LONGWOOD**

FL

Zip Code
32779

**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 **PRESIDENT**
NAME **BRENDA M. BEARD, MEMBER**
STREET ADDRESS **324 VALLEY DRIVE**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE **PRESIDENT**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MANAGING PARTNER**
NAME **ROBERT L. BEARD, MEMBER**
STREET ADDRESS **324 VALLEY DRIVE**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE **MANAGING PARTNER**
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: **Brenda M. Beard**

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

4/11/04

Date

407-682-5096

Daytime Phone #

CR2E083B (12/02)