

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (0301)
DOCUMENT # LU2000023275

0008751

1. Entity Name
SEDONA ENTERPRISES, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 14 AM 10:40

HL
11/26

Principal Place of Business
**6505 NW 81ST BLVD.
GAINESVILLE FL 32608**

Mailing Address
**6505 NW 81ST BLVD.
GAINESVILLE FL 32608**

STATEMENT 2003



2. Principal Place of Business
970 Bickara Blvd

3. Mailing Address
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
The Villages FL

City & State

4. FEI Number
46-0431398
54-20875

Applied For
Not Applicable

Zip
32159

Country
US

Zip

Country

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

**LUCAS, EDWARD
6505 NW 81ST BLVD.
GAINESVILLE FL 32608-53**

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)

10/14/03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President Owner
Edward Lucas
6505 NW 81st Blvd
Gainesville FL 32653

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
000023906490
10/17/03--01050--024 **155.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Store Manager
Shawn Griffith
970 Bickara Blvd
The Villages, FL 32159

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Detail Manager
Jeff Lagasse
970 Bickara Blvd
The Villages FL 32159

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT 2003
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

10/14/03 352-745-2753
Date Daytime Phone #

CR2E083 (4/03)