2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1/15/2003-90050-028-$50.00-$50.00

0003384

DOCUMENT # L02000023823

FILED
03 FEB 11 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
WILLIAM SPENCE, CONSULTANT, L.L.C.

Principal Place of Business
1432 GOODWOOD CT
TALLAHASSEE FL 32308

Mailing Address
1432 GOODWOOD CT
TALLAHASSEE FL 32308

2. Principal Place of Business: SAME AS ABOVE
Suite, Apt. #, etc.
City & State: SAME
Zip: 32308 Country: LEON

3. Mailing Address: SAME AS ABOVE
Suite, Apt. #, etc.
City & State
Zip: 32308 Country: LEON

☑ CHECK HERE IF MAKING CHANGES 51-0423094

4. FEI Number: 51-0423094 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SPENCE, WILLIAM E JR.
1432 GOODWOOD CT
TALLAHASSEE FL 32308

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] 1-13-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

I AM SOLO

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WILLIAM SPENCE, CON., L.L.C. 1432 GOODWOOD CT	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TALL FL 32308	☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

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

CR2E083 (10/02)

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] 2-8-03 (850) 523-3236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #