

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90029 048 ****50.00

DOCUMENT # L02000024124

1. Entity Name
TIME&TIDE RE, LLC



Principal Place of Business

**4103 BERRYHILL TRACE
SYMRNA GA 30082**

Mailing Address

**4103 BERRYHILL TRACE
SYMRNA GA 30082**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FLORIDA AGENT SERVICES, INC.
1221 BRICKELL AVE., STE. 900
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **A LA REGISTERED AGENT, INC.**

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

25 SE. 2ND AVENUE SUITE 1036

City **MIAMI**

FL

Zip Code **33131**

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 obligation of registered agent.

SIGNATURE

Paul Smith **PAUL SMITH, VICE PRESIDENT**

02-21-03

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

TITLE **MGRM**
NAME **GIBSON, PHILIP A**
STREET ADDRESS **4103 BERRYHILL TRACE**
CITY-ST-ZIP **SYMRNA GA 30082**

☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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: PROXIMITY REAGNED

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

7-Feb-2003 404.386.1298

Date

Daytime Phone #

CR2E083 (10/02)