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Apr 03, 2003 8:00 am
Secretary of State
03-14-2003 90006 018 ****50.00

3/14

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000025717

1. Entity Name
ALB, LLC

Principal Place of Business
135 FRANKLIN BOULEVARD
ST. GEORGE ISLAND, FL 32328

Mailing Address
135 FRANKLIN BOULEVARD
ST. GEORGE ISLAND, FL 32328

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address
115 PENN WARREN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE 300-385

City & State

City & State
BRENTWOOD, TN

4. FEI Number
75-3081463
Applied For
Not Applicable

Zip | Country

Zip
37027

Country
USA

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

6. Name and Address of Current Registered Agent
LIGHTSEY, ALTON L
608 SOUTH DENNING DRIVE
WINTER PARK, FL 32789

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

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 NAME STREET ADDRESS CITY-ST-ZIP	MANAGER JOHN W. COLEMAN 115 PENN WARREN DR. STE 300-385 BRENTWOOD, TN 37027 ☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: John W. Coleman JOHN W. COLEMAN 3-11-03 615-661-4721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #