2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Jun 09, 2003 8:00 am Secretary of State 05-13-2003 90015 004 ****50.00

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DOCUN 1. Entity Name A-1 CONC		00025	5973				03-13-200			
			Mailing Address			₫₫₽₽₽₽₽				
Principal Place of Business 1391 ROSEBORO CT.			1391 ROSEBORO CT.			•				
DELTONA FL 32725			DELTONA FL 32725				_			
US		US						,		
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Number Applied For Not Applicable				
Zip	Country		Zip	Coun	try		e of Status Desired	□ Fe	5.00 Add se Require	
	6. Name and Address o	f Current Regi	stered Agent			7. Name an	d Address of New Reg	istered Ag	ent	* : :
	BILLANC BODEDT W			<u></u>	Name				·	
KLEINHANS, ROBERT W 1391 ROSEBORO CT. DELTONA FL 32725					Street Address (P.O. Box Number is Not Acceptable)					
DCL	IOIN I F OFICE		•		l					
	•			- •	City			FL	Zip Cod	æ
0 The	named entity submits this st	stement for the	ouroose of changing	its register	ed office or registr	ered agent, or b	oth, in the State of Flori	da. Iam far	miliar with,	and accept
s. The above the obligati	ions of registered agent.		porpose or analysing							
	K. Sect W.	Lleytr	ous		·			<u> </u>	<u> </u>	
SIGNATURE	Signature, typed or printed name of re-	restand agent and titl			d Agent eignature requir			UAIE		
	*.				FEE IS \$50.00					
	• •	-	Make Check Pays			ent of State	ŧ			
	• •		E	tue By M	ay 1, 2003					
9.		IG MEMBERS/	MANAGERS	10.			ADDITIONS/C		C Charter	☐ Addition
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NAME	ROBERT KLZ	ころまると	,	NAA STR	R: Eet address		k.			
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STREET ADDRESS				ST	EET ADORESS		,			
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11. I hereby indicated limited lia	certify that the information so d on this report is true and ac ability company or the receiv	upplied with this curate and that er or trustee en	s filing does not qualify t my signature shall ha npowered to execute t	for the ex ive the san his report a	emption stated in ne legal effect as as required by Ch	Section 119.07(if made under of apter 608, Florid	(3)(i), Florida Statutes, I ath; that I am a managi la Statutes.	further certi ng member	ify that the or manag	information er of the