2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000026024

1. Entity Name

CONCH HOLDINGS, LLC



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90076 032 ***150.00

Principal Plac	e of Business	Mailing Address			7			
57560 MORTON STREET MARATHON FL 33050		57560 MORTON STREET MARATHON FL 33050						
<u></u>					_ 			
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 45-0487795 Applied For Not Applicable				
Zip Country		Zip	Zip Country		5. Certificate of Status Desired 55.00 Additional			
					Fee Required			
	6. Name and Address of Currer	nt Registered Agent	 -	Name	7Name a	nd Address of New Registe	ered Agent	 =
CHRISTOPHER B. WALDERA, P.A.								
	00 OVERSEAS HIGHWAY IATHON FL 33050		Street Address		(P.O. Box Number is Not Acceptable)			
I WWI	ENTION 1 E 00000		-		•			
				City			FL Zip C	Code
	named entity submits this statement	for the purpose of changing its	s registered	office or registe	ered agent, or b	ooth, in the State of Florida.	l am familiar w	ith, and accept
•	ions of registered agent.							
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	TE: Registered A	gent signature require	ed when reinstating)		ATE	 ,
		FILE N	OW!!! FE	E IS \$50.00				
		Make Check Payab						1
		Du	е Ву Мау	1, 2003				
9.		BERS/MANAGERS	10.			ADDITIONS/CHAP	NGES	
TITLE	MGRM	☐ Delete	TITLE				☐ Chan	ge 🔲 Addition
NAME STREET ADDRESS	VAUGHN, RAY W JR. 57560 MORTON STREET		NAME	ADDRESS				ł
CITY-ST-ZIP	MARATHON FL 33050		CITY-S					
TITLE	MGRM		TITLE				Chang	ge 🔲 Addition
NAME	VAUGHN, KATHLEEN	53,64	NAME					_
STREET ADDRESS	57560 MORTON STREET		- 1	ADDRESS				J
CITY-ST-ZIP	MARATHON FL 33050		CITY-S'	T- ZIP		 		
TITLE		☐ Delete	TITLE				☐ Chang	ge
NAME STREET ADDRESS			NAME STREET	ADDRESS				ŀ
CITY-ST-ZIP			CITY-S	l l				ļ
TITLE		☐ Delete	TITLE				☐ Chang	je 🔲 Addition
NAME	•		NAME					j
STREET ADDRESS CITY-ST-ZIP				ADDRESS				
			CITY-S'	1-219				
TITLE NAME		☐ Delete	TITLE NAME				Chang	ge 🔲 Addition 🗋
STREET ADDRESS			1.	ADDRESS				ĺ
CITY-ST-ZIP			CITY-S'					
TITLE		☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·	Chang	je 🔲 Addition
NAME			NAME	ļ				
STREET ADDRESS				ADDRESS				•
CiTY-ST-ZIP	22 11 11 11 12 12 12 12 12	M A	CITY-S					
11. Thereby c	ertify that the information supplied wi	th this tiling does not qualify fo	r the exemp	otion stated in S	ection 119.07(3	3)(i), Florida Statutes. I furthe	er certify that th	e information

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.

GNATURE: MANUAL AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTA

Date

Daytime Phone #

CR2F083 /1/