2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000026529

1. Entity Name

AUGUST & DE VRIES, LLC



FILED May 01, 2003 8:00 am Secretary of State
05-01-2003 90080 040 ****50.00

JACKSONVILLE FL 32256 US 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #,	ied For Applicable onal
UNIT 626 JACKSONVILE FL 32256 US 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Zip Country S. Certificate of Status Desired 6. Name and Address of Current Registered Agent LEGAL ZOOM NEVADA, INC. 395 ALHAMBRA CIRCLE SUITE 301 CORAL GABLES FL 33134 City Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FL Signature, typed or pinted name of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS /MANAGERS 10. ADDITIONS/CHANGES ITILE MGRM Delete ITILE MGRM Delete ITILE MGRM Delete TILE ACPINUMBER A. FEI Number 7. Name and Address of New Registered Agent Not Acceptable \$5.00 Addition Fee Required \$5.00 Addition Fee Required To Name and Address of New Registered Agent Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code **To Payable Agent signature required when reindating) ADDITIONS/CHANGES TILE MGRM Delete	ied For Applicable onal
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City & State City & State City & State City & State Country Country Country Country Country Country S. Certificate of Status Desired Status Desired Solo Addition Street Address of New Registered Agent Name LEGAL ZOOM NEVADA, INC. 395 ALHAMBRA CIRCLE SUITE 301 CORAL GABLES FL 33134 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 the obligations of registered agent. SIGNATURE 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 MGRM Delete TITLE MGRM Delete TITLE MGRM A. FEI Number 75-3084824 4. FEI Number 75-3084824 S. Certificate of Status Desired Schould New Registered Agent Status Desired Street Address (PO. Box Number is Not Acceptable) 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	Applicable onal
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JACKSONVILLE FL 32230	Addition
NAME AUGUST, IV, A TAPPAN IV	Addition
STREET ADDRESS 7990 BAYMEADOWS ROAD EAST, UNIT 626 STREET ADDRESS	
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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	ì