

FILED
Jun 10, 2003 8:00 am
Secretary of State

04-11-2003 90549 037 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

4/1

4

44004148

DOCUMENT # L02000026843

1. Entry Name

POPOVITCH, LLC



Principal Place of Business

RR 26 BOX 70608
LAKE CITY FL 32024
US

Mailing Address

RR 26 BOX 70608
LAKE CITY FL 32024
US

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

46-0503396

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASACCI, JENNIFER
RR 26 BOX 70608
LAKE CITY FL 32024

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

[Signature]

Signature of the individual named as registered agent and file it applicable.

(NOTE: Registered Agent signature required when registering)

4-1-03

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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	Jennifer Casacci	RR 26 Box 70608	Lake City, FL 32024	☐
				☐
				☐
				☐
				☐
				☐

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ 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

[Signature] REQUIRED

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

4-1-03

Date

386-623-2937

Daytime Phone #

CR2E083 (10/02)