

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0002067

DOCUMENT # L02000027918

1. Entity Name

GUT THE CORD PROPERTIES, LLC

NFOFS Holdings II, LLC

Principal Place of Business

4131 UNIVERSITY BOULEVARD SOUTH STE. 1  
JACKSONVILLE FL 32216

Mailing Address

4131 UNIVERSITY BOULEVARD SOUTH STE. 1  
JACKSONVILLE FL 32216

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUN 23 PM 2:53



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

NFOFS Holdings II, LLC

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

57-1136350

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MAXWELL, RONALD W  
4131 UNIVERSITY BOULEVARD SOUTH STE. 1  
JACKSONVILLE FL 32216

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
MGRM  
Hartley, Gregory W. DMD  
4131 Univ. Blvd. S. #1  
JAX FL 32216 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000017559090  
04/30/03--01051--002 \*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
WOODS, DAVID D. DMD  
4131 Univ. Blvd S. #1  
JAX FL 32216 ☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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MGRM  
O'BRIEN, DAVID A. DMD  
4131 Univ. Blvd S. #1  
JAX FL 32216 ☐ Delete

TITLE  
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CITY-ST-ZIP  
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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)