2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000029316

1. Entity Name

STURDEVANT-BEACH & ASSOCIATES, LLC



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PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVE. DAYTONA BEACH FL 32114 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of repistored agent, or both, in the State of Forida. I am familiar with, and accept the obligations of repistored agent, or both, in the State of Forida. I am familiar with, and accept the obligations of repistored agent, or both, in the State of Forida. I am familiar with, and accept the obligations of repistored agent, or both, in the State of Forida. I am familiar with, and accept the obligations of repistored agent, or both, in the State of Forida. I am familiar with, and accept the obligations of repistored agent, or both, in the State of Forida. I am familiar with, and accept the obligations of repistored agent, or both, in the State of Forida. I am familiar with, and accept the obligations of repistored agent, or both, in the State of Forida. I am familiar with, and accept the obligations of repistored agent, or both, in the State of Forida. I am familiar with, and accept the obligations of repistored agent, or both, in the State of Forida. I am familiar with, and accept the obligations of repistored agent, or both, in the State of Forida. I am familiar with, and accept the obligations of repistored agent, or both, in the State of Forida. I am familiar with, and accept the obligations of repistored agent, or both, in the State of Forida. I am familiar with, and accept the obligations of repistored agent, or both, in the State of Forida. I am familiar with, and accept the obligations of repistored agent, or both, in the State of Forida. I am familiar with, and accept the obligations of repistored agent, or both, in the State of Forida. I am familiar with, and accept the obligations of repistored agent, or both, in the State of Forida. I am familiar with, and accept the obligations of Forida. I am familiar with, and accept the obligations	Zip	Country Zip			Zip	Country ·							5.00 Add	ditional
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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: A COURSE STATE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE