

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1082

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FILED

03 JUN 12 PM 12:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000030013

1. Entity Name

PACKT, LLC



Principal Place of Business

1100 MOJAVE TRAIL  
MAITLAND FL 32751

Mailing Address

1100 MOJAVE TRAIL  
MAITLAND FL 32751

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

52-2386586

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FL INC  
390 N. ORANGE AVE., STE. 1100  
ORLANDO FL 32801

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

TITLE	member MGR	<input type="checkbox"/> Delete
NAME	Pamela L. Corcoran	
STREET ADDRESS	1100 Mojave Trail	
CITY-ST-ZIP	Maitland, FL 32751	
TITLE	member MGR	<input type="checkbox"/> Delete
NAME	Terrance A. Corcoran	
STREET ADDRESS	1100 Mojave Trail	
CITY-ST-ZIP	Maitland, FL 32751	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

300020805773

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:

*Pamela L. Corcoran*

PAMELA L. CORCORAN

6-11-03

407-6453115

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

Date

Daytime Phone #

CR2E083 (10/02)

282

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**  
**PHONE: (850) 668-4318 FAX: (850) 668-3398**

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DATE: 06-12-03

NAME: PACKT, LLC

TYPE OF FILING: 2003 UBR

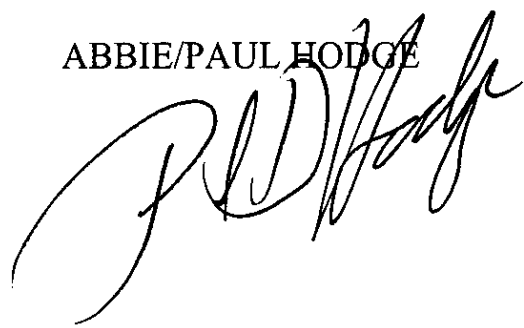
COST: \$55

RETURN: GOOD STANDING

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



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