

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90157 039 ****50.00

DOCUMENT # L02000030402

1. Entity Name

CELLARS GROUP, LLC



Principal Place of Business

**9951 ATLANTIC BOULEVARD STE. 242
JACKSONVILLE FL 32225**

Mailing Address

**9951 ATLANTIC BOULEVARD STE. 242
JACKSONVILLE FL 32225**

2. Principal Place of Business

3733 Southside Blvd

3. Mailing Address

3733 Southside Blvd

Suite, Apt. #, etc.

Suite 2

Suite, Apt. #, etc.

Suite 2

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32216

Country

USA

Zip

32216

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

11-3663567

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**F & L CORP.
200 LAURA STREET
JACKSONVILLE FL 32202**

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 **President** ☐ Delete
NAME **Thomas F. Blakely**
STREET ADDRESS **10548 Ft. Caroline Rd**
CITY-ST-ZIP **Jacksonville FL 32225**

TITLE **Vice President** ☐ Delete
NAME **Gary O. Taylor**
STREET ADDRESS **1520 River Bluff Rd**
CITY-ST-ZIP **Jacksonville FL 32211**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

Thomas F. Blakely, President

SIGNATURE:

SIGNATURE REQUIRED

2/19/03 904-641-3449

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

Date

Daytime Phone #

CR2E083 (10/02)