

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90025 028 ****50.00

DOCUMENT # L02000030649

1. Entity Name

MOUNT OLIVE, L.L.C.



Principal Place of Business

**1221 AIRPORT RD., STE. 207
DESTIN FL 32541**

Mailing Address

**1221 AIRPORT RD., STE. 207
DESTIN FL 32541**

2. Principal Place of Business

3. Mailing Address

P.O. Box 5497

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Destin, FL

Zip

Country

Zip

Country

32540

4. FEI Number

41-2071732

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRIMSLEY, JAMES W
25 WALTER MARTIN RD., NE
FORT WALTON BEACH FL 32548**

7. Name and Address of New Registered Agent

Name

Robert A. Bonezzi

Street Address (P.O. Box Number is Not Acceptable)

1221 Airport Road, Suite 207

City

Destin

FL

Zip Code

32541

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.

Robert A. Bonezzi

(NOTE: Registered Agent signature required when reinstating)

1/14/03

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 **MGR** ☐ Delete
NAME **BONEZZI, ROBERT A**
STREET ADDRESS **1221 AIRPORT RD., STE. 207**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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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
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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.

SIGNATURE:

SIGNATURE REQUIRED

1/14/03

(850) 650-4725

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

Date

Daytime Phone #

CR2E083 (10/02)