

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR -8 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # L02000031870					
1. Entity Name LAWGIC, LLC					
Principal Place of Business 4439 SEABREEZE DRIVE JACKSONVILLE, FL 32225 US			Mailing Address 4439 SEABREEZE DRIVE JACKSONVILLE, FL 32225 US		
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 56-2308607	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COLEMAN, C. RANDOLPH 9260 BAYMEADOWS ROAD SUITE 450 JACKSONVILLE, FL 32258			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 _____ DATE _____ Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when withdrawing)					
FILED NOW WITH FEE OF \$5.00 BY MAIL TO FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS 1111 MONROE STREET, N.W. TALLAHASSEE, FL 32304					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREWELL, BRUCE 4439 SEABREEZE DRIVE JACKSONVILLE, FL 32225	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600015479466 04/08/03--01075--015 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 606, Florida Statutes.					
SIGNATURE _____			3/22/03		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

CP25083 (10/02)