

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

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90087 008 ****50.00

DOCUMENT # L02000031911

1. Entity Name

WARFEL HOLDINGS, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11318 BUSINESS PARK BLVD.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

City & State

4. FEI Number

06-1668003

Applied For

Not Applicable

Zip

Country

32256

USA

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

ROSE A. WARFEL

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

6701 POTTSBURG DR. JACKSONVILLE, FL 32216

City

JACKSONVILLE

FL

Zip Code
32216

**DO NOT WRITE
IN THIS SPACE**

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

Rose A. Warfel

ROSE A. WARFEL

2/24/03

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DP	WARFEL, CHARLES A.	6701 POTTSBURG DR.	JACKSONVILLE, FL 32216				
DVS	WARFEL, ROSE A.	6701 POTTSBURG DR.	JACKSONVILLE, FL 32216				

**DO NOT WRITE
IN THIS SPACE**

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: *Rose A. Warfel*

ROSE A. WARFEL

2/24/03 904/880-1800

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

Date

Daytime Phone #

CR2E083B (12/02)