

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91002 027 ****50.00

DOCUMENT # L02000032045

1. Entity Name

THE CUTTING FAMILY LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

704 Winters Creek Rd.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm City, FL

City & State

Zip

34990

Country

USA

Zip

Country

4. FEI Number

38-3457954

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Joan Cutting

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

704 Winters Creek Road

City

Palm City

FL

Zip Code
34990

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

Joan L. Cutting

Signature, typed or printed name of registered agent and, if applicable,

4/24/03
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
Joan Cutting as trustee of the
Joan L. Cutting Revocable Living
Trust dated October 20, 1978, as
amended, a series A member

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
704 Winters Creek Road
Palm City, FL 34990

TITLE
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CITY-ST-ZIP

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**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: *Joan L. Cutting*

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

4/24/03 x *772 336 4537*
Date Daytime Phone #

CR2E083B (12/02)