

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

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90056 044 ****50.00

DOCUMENT # L02000032658

1. Entity Name

CENTRAL FLORIDA FORMS PROCESSING, LLC



DO NOT WRITE IN THIS SPACE

10103337

2. Principal Place of Business

~~1006~~ 1006 Kewannee Trail

3. Mailing Address

1006 Kewannee Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MaHland FL

City & State

MaHland FL

4. FEI Number

42-1562161

Applied For

Not Applicable

Zip

32751

Country

USA

Zip

32751

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name David Jackson

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

1006 Kewannee Trail

City MaHland

FL

Zip Code

32751

**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

David Jackson

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

May 01, 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

Member
Justin Amro
2155 Stockman Rd.
New Port Richey, FL 34655

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Member
David Jackson
1006 Kewannee Trail
MaHland FL 32751

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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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:

David Jackson

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

6/01/03

Date

Daytime Phone #

CR2E083B (12/02)