

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

DOCUMENT # L02000033707

1. Entity Name

MAYPORT K.R. PROPERTIES, LLC



FILED

03 MAY -2 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500017896305
05/02/03--01056--017 **50.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
628 West 19th Street

Suite, Apt. #, etc.

3. Mailing Address
628 West 19th Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Costa Mesa, CA

City & State
Costa Mesa, CA

4. FEI Number
265-08-5520

Applied For
Not Applicable

Zip
92627

Country
USA

Zip
92627

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Motolaw, Inc.

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

50 North Laura Street, Suite 2500

City
Jacksonville

FL Zip Code
32202

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.

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
MGRM - T. Randall Bryan, IV 628 West 19th Street Costa Mesa, CA 92627	

**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: _____

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

T. Randall Bryan IV

Date

610-7576

Daytime Phone #

CR2E083B (12/02)