2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2003 8:00 am
Secretary of State

08-01-2003 90023 028 ****50.00

DOCUMENT # L02000033863

1. Entity Name
BRESTONE LLC

44005769

[redacted]

Principal Place of Business
3693-A DONOVAN DR.
TALLAHASSEE FL 32309

Mailing Address
3693-A DONOVAN DR.
TALLAHASSEE FL 32309

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 3217 Shimmy Lane
Suite, Apt. #, etc.: 5
City & State: Tallahassee, FL
Zip: 32308 Country: USA

3. Mailing Address: 3217 Shimmy Lane
Suite, Apt. #, etc.:
City & State: Tallahassee, FL
Zip: 32308 Country: USA

4. FEI Number: 45-0500801 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
MAYNARD, JEFF
3693-A DONOVAN DR.
TALLAHASSEE FL 32309

7. Name and Address of New Registered Agent
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: Jeff Maynard 7-11-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
TITLE: MMRG ☐ Delete NAME: Jeff Maynard STREET ADDRESS: 3217 Shimmy Lane CITY-ST-ZIP: Tallahassee, FL 32308	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: MMRG ☐ Delete NAME: Lynette Croschere STREET ADDRESS: 3217 Shimmy Lane CITY-ST-ZIP: Tallahassee, FL 32308	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
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TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:

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: Jeff Maynard SIGNATURE REQUIRED 7-11-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (4/03)