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

DOCUMENT # L02000034320

1. Entity Name

ABBOTT & ANDREWS REALTY, LLC

SIGNATURE: _ SIGNATURE.



FILED 03 APR 28 AH 8: 29

Daytime Phone #

Date

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address					ł			
530 Oak		530 Oak Ct Dr			,			MJH
Suite, Apt. #,		Suite, Apt. #, etc.			U nov DO NOT WRITE IN THIS SPACE			
<u>Ste 360</u>		Ste 360			100			14-25-45-2
City & State	mv1	City & State			4. FEI Nun 65–1	nber .1 7 606	}	Applied For Not Applicable
<u>Memphis</u>	Country	Memphis, TN Zip Country					\$5.00	Additional
38117 ÚSA		38117	USA		5. Certifica	ate of Status Desired	Fee Rec	
i granda 🕶 dang					7. Name and Address of Current Registered Agent			
	DO NOT W	Name CT Corpor		ration System				
10.04.03.0	DO_NOT.W	Street Address			(P.O. Box Number is Not Acceptable) th Pine Island Road			
•	IN THIS SE	1200 BOUCH FINE ISTAND KOAD						
				^{City} Planta	tion	F	Zio.	Code 3324
8. The above na	amed entity submits this statement fo	or the purpose of changing its	register	ed office or register	ed agent or b	ooth, in the State of Florida, Lar		
	ns of registered agent.	a the perpose of offeriging he	rogioto	od omoe or registeri	oo agont, or i	Souri, in the State of Florida, Fa.	ii idiiidi ii	and doop!
	•							
SIGNATURE	gnature, typed or printed name of registered agent	and title if applicable.				DATI		
			FF IS	\$50.00				
		Make Check Payab			nt of State			
			The state of the state of	MAY1	# # # # #			
9.	MANAGING MEMBE	RS/MANAGERS				<u> </u>		*
TITLE	MGR		TITL					
NAME	Olin, James S.		NAM	E .				
STREET ADDRESS	530 Oak Ct Dr., Ste	∍ 360		ET ADDRESS				
CITY-ST-ZIP	Memphis, TN 38117		CITY	-ST-ZIP				
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NAME STREET ADDRESS			NAM	E Et address	0472	1 00017129 8703-01027-008	***	រា គ្រ
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STREET ADDRESS CITY-ST-ZIP			法指明保护	et address - St-Zip			-	
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CITY-ST-ZIP			新疆 籍	ST-ZIP				
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NAME			NAM					
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CITY-ST-ZIP			CITY	-ST- <i>EI</i> P				
indicated on	tify that the info mation supplied with this report is true and accurate and ity company or the receiver or truste	that my signature shall have t	he same	e legal effect as if m	ade under oa	ith; that I am a managing mem	certify that the tiber or man	ne information ager of the

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