

2003 LIMITED LIABILITY COMPANY
UNIFORM REPORTING SYSTEM (UBR)
10000034841

0007276

DOCUMENT # L02000034841

1. Entity Name

TREE MOVIES, LLC



FILED

03 SEP 30 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
12202 MAYORS DRIVE
JACKSONVILLE FL 32223

Mailing Address
12202 MAYORS DRIVE
JACKSONVILLE FL 32223

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
75-3091425
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
STONEBURNER, GRESHAM R
ONE INDEPENDENT DR., STE. 2000
JACKSONVILLE FL 32202

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 _____ (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
TITLE NAME STREET ADDRESS CITY-ST-ZIP
BRADLEY R Rupp 12202 MAYORS DR JACKSONVILLE FL 32223
[Empty rows with Delete checkbox]

10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM BRADLEY R Rupp 12202 MAYORS DR JACKSONVILLE FL 32223
700023450267 09/30/03--01084--001 **150.00
09/30/03--01084--001 **150.00
[Empty rows with Change/Addition checkboxes]

REINSTATEMENT 2003

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: Bradley R Rupp REQUIRED 9/29/03 904 613 0746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)