LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2004 8:00 am
Secretary of State
01-14-2004 90040 028 ****50.00

24001613

DOCUMENT # L02000035105

1. Entity Name
AUTREMENT, LLC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
348 N. Park Avenue	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER PARK, FLORIDA	City & State
Zip: 32789 Country: USA	Zip Country

4. FEI Number 02-0672625 ☐ Applied For ☐ Not Applicable

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: FARNER, CECILIA

Street Address (P.O. Box Number is Not Acceptable):
1400 WEST FAIRBANKS AVENUE, SUITE 102

City: WINTER PARK **FL** Zip Code: 32789

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 _____ 11/17/03
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: MGRM - Richard Gervy, 110 Valencia Loop, Altamonte Springs, Florida 32714	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: MGRM - Danielle Gervy, 110 Valencia Loop, Altamonte Springs, Florida 32714	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: MGRM - Eric Gervy, 895 S Wymore Rd. Apt 985, Altamonte Springs, FL 32714	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: DO NOT WRITE IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: MGRM - Pierre Poinsignon, 2428 Mandan Trail, Winter Park, FL 32789	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:

CR2E083B (12/02)

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: GERVY Richard. Pt. 407-644-7229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 11.17.03 Daytime Phone #