

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 22, 2003 8:00 am
Secretary of State

09-22-2003 90104 013 ****50.00

0020473

DOCUMENT # L03000000051

1. Entity Name

L & S PROPERTIES, LLC



Principal Place of Business

**5460 NE 11TH AVE.
OCALA FL 34479**

Mailing Address

**5460 NE 11TH AVE.
OCALA FL 34479**

2. Principal Place of Business

96 Pecan Pass

3. Mailing Address

96 Pecan Pass

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

4. FEI Number

16-1645298

Applied For

Not Applicable

Zip

Country

34472 USA

Zip

Country

34472 USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPINK, STEPHANIE M
5460 NE 11TH AVE
OCALA FL 34479**

7. Name and Address of New Registered Agent

Name **Spink, Stephanie M**

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

96 Pecan Pass

City **Ocala**

FL

Zip Code **34472**

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.

(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 **Managing Member** ☐ Delete
NAME **Stephanie M. Spink**
STREET ADDRESS **96 Pecan Pass**
CITY-ST-ZIP **Ocala, FL 34472**

TITLE **Managing Member** ☐ Delete
NAME **Raymond Michael Hoke**
STREET ADDRESS **3330 NE 49th Ave**
CITY-ST-ZIP **Ocala, FL 34479**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

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

DATE

DAYTIME PHONE #

09/15/03
352-239-0328
352-687-2626

CR2E083 (4/03)