


FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000044594

1. Entity Name
FRANK TEWKSBURY, LLC.



Jan 28, 2005 08:00 AM
Secretary of State

Principal Place of Business
206 RYDALMONT ROAD
WINTER HAVEN FL 33884

Mailing Address
206 RYDALMONT ROAD
WINTER HAVEN FL 33884

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
74-3108896

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
TEWKSBURY, FRANK L
206 RYDALMONT ROAD
WINTER HAVEN FL 33884

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 Frank Tewksbury LLC
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 May 1, 2005

9. MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY- ST- ZIP
MGRM TEWKSBURY, FRANK L 206 RYDALMONT ROAD WINTER HAVEN FL 33884 ☐ Delete

10. ADDITIONS/CHANGES
01/28/05-80115-015 \$5.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Frank Tewksbury LLC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #