LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2004 8:00 am
Secretary of State
04-22-2004 90350 024 ****50.00

DOCUMENT # L03000045067

1. Entity Name
NEW SURROUNDINGS, LLC

DO NOT WRITE IN THIS SPACE

34006271

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7052 TREYMORE CT.	P.O. BOX 20416
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA, FL	City & State: BRADENTON, FL
Zip: 34243 Country: US	Zip: 34204 Country: US

4. FEI Number 59-724-1592 ☐ 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: CARL F. MUNDELSTADT

Street Address (P.O. Box Number is Not Acceptable): 7052 TREYMORE CT.

City: SARASOTA FL Zip Code: 34243

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable

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	MANAGER / MANAGING MEMBER CARL F. MUNDELSTADT 7052 TREYMORE CT. SARASOTA FL 34243	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER BONNIE V. MUNDELSTADT 7052 TREYMORE CT. SARASOTA, FL 34243	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER JEFFERY JONES 2314 WOODCREST DR. S.E. SMYRNA, GA 30082	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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: CARL F. MUNDELSTADT 4/10/04 941-358-8288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #