


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

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90154 006 \*\*\*\*50.00

<b>DOCUMENT #</b> 1. Entity Name <b>DAVID HOLLISTER, LLC</b> <b>L03000049535</b>	
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**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>4127 APPALOOSA AVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>4127 APPALOOSA AVE</b> Suite, Apt. #, etc.
City & State <b>MARIANNA, FL</b>	City & State <b>MARIANNA, FL</b>
Zip <b>32446</b>	Country <b>JACKSON</b>

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>73-1689791</b>	Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name <b>DAVID HOLLISTER</b> Street Address (P.O. Box Number is Not Acceptable) <b>4127 APPALOOSA AVE</b> City <b>MARIANNA</b> FL Zip Code <b>32446</b>	

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	<b>MGRM</b> <b>DAVID HOLLISTER</b> <b>4127 APPALOOSA AVE</b> <b>MARIANNA, FL 32446</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: David Hollister 6-31-04 850-594-6993  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E0838 (12/02)