

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L030 000 50031

1. Entity Name

Brian K Maples L.L.C.



FILED

05 AUG 22 AM 9:15

08/29/05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

14 Bolling Lane

Suite, Apt. #, etc.

3. Mailing Address

Brian Maples

Suite, Apt. #, etc.

Po Box 350321

DO NOT WRITE IN THIS SPACE

City & State

Palm Coast FL

City & State

Palm Coast FL

4. FEI Number

20-044-70-02

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Brian K. Maples LLC

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

14 Bolling Lane

City

Palm Coast

FL

Zip Code

32164

**DO NOT WRITE  
IN THIS SPACE**

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

Brian K Maples

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

Aug 12 2005

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

Brian K Maples  
14 Bolling Lane Palm Coast  
FL 32164

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

300059177833  
08/31/05--01040--001 \*\*\$5.00

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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:

Brian Maples

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

Aug 12 2005

Date

386-986 1334

Daytime Phone #