


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

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90029 010 ****50.00

DOCUMENT # <u>LO3000051133</u> 1. Entity Name <u>Greg Veltkamp Specialties, LLC</u>	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	

1234 NW 35th Ave

Gainesville, FL

32609

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
<u>81-0589116</u>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>Greg Veltkamp</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1234 NW 35th Ave</u>	
City <u>Gainesville</u>	Zip Code <u>32609</u>

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.

DATE

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
	<u>owner Greg Veltkamp</u>		
	<u>1234 NW 35th Ave</u>		
	<u>Gainesville, FL 32609</u>		

**DO NOT WRITE
IN THIS SPACE**

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

[Handwritten Signature]