

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

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90022 016 ****50.00

DOCUMENT # L04000007327

1. Entity Name

WHITEHEAD CUSTOM MASONRY, LLC



DO NOT WRITE IN THIS SPACE

14001385

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Route 6, Box 414-N

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Lake City, Florida

City & State

4. FEI Number

20-0653362

Applied For

Not Applicable

Zip
32025

Country
US

Zip

Country

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

Verenda Whitehead

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

Route 6, Box 414-N

City

Lake City

FL

Zip Code
32025

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

Garry Whitehead

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

4/22/05

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

**Garry & Verenda Whitehead
576 N. W. Nickle Glen
Wellborn FL 32094**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Managing Member
Garry Whitehead
Route 6, Box 414-N
Lake City, Florida 32025

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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:

Garry Whitehead

Managing Member

4/22/05 (386) 755-7498

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

Date

Daytime Phone #