

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90227 026 ****50.00

DOCUMENT # L04000028238

1. Entity Name
U-LOCK, LLC



Principal Place of Business
**450 WILDWOOD DRIVE
NEW SMYRNA BEACH, FL 32168**

Mailing Address
**450 WILDWOOD DRIVE
NEW SMYRNA BEACH, FL 32168**

60032725



03102007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0247579

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BROWNING, JOHN R
450 WILDWOOD DRIVE
NEW SMYRNA BEACH, FL 32168**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BROWNING, JOHN R
450 WILDWOOD DR
NEW SMYRNA BEACH, FL 32168**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BROWNING, EUGENIA
450 WILDWOOD DR
NEW SMYRNA BEACH, FL 32168**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HAMPTON, MARK
1813 SPRUCE CREEK BLVD
DAYTONA BEACH, FL 32124**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HAMPTON, SUSAN
1813 SPRUCE CREEK BLVD
DAYTONA BEACH, FL 32124**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
TURNER, BRUCE
45 LAZY EIGHT DRIVE
DAYTONA BEACH, FL 32124**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
TURNER, ELIZABETH
45 LAZY EIGHT DRIVE
DAYTONA BEACH, FL 32124**

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

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

Date

Daytime Phone #

John Browning **John Browning** 3/16/07 386-427-8903