

4/29

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

DOCUMENT # ~~LS10000710005~~ LD4000031921

1. Entity Name The Etchum Group, LLC

FILED

2005 APR 29 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4304 SLASH PINE LN

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 7233

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

32305

Country

LEON

Zip

32314

Country

LEON

5. Certificate of Status Desired ☐

**\$5.00**

Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Pamela Smith

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

4304 SLASH PINE LN

City

Tallahassee

FL

Zip Code

32305

**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.

SIGNATURE

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

DATE

4-28-05

**FEE IS \$50.00**

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>president</u> <u>Pamela Smith</u> <u>4304 SLASH PINE LN</u> <u>TALL, FL. 32305</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>400055210634</b> <b>05/25/05--01003--005 **100.00</b>
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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:**

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

Date

Daytime Phone #