

DOCUMENT # L04000033729

1. Entity Name

LAURIETERRELL, LLC



FILED
Feb 05, 2007 08:00 AM
Secretary of State



Principal Place of Business

 3914 VICAR STREET
 PANAMA CITY BEACH FL 32408

Mailing Address

 3914 VICAR STREET
 PANAMA CITY BEACH FL 32408

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

43-5540573

Applied For

Not Applicable

5. Certificate of Status Desired ☐
\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

 WORMUTH, C. GUSTAVE
 3914 VICAR STREET
 PANAMA CITY BEACH FL 32408

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WORMUTH, C. GUSTAVE	
STREET ADDRESS	99 WILLOW AVENUE	
CITY-ST-ZIP	LARCHMONT NY 10538	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000621585
CITY-ST-ZIP	02/12/07-80022-023 50.00

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WORMUTH, MARGARET R	
STREET ADDRESS	99 WILLOW AVENUE	
CITY-ST-ZIP	LARCHMONT NY 10538	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP		

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CITY-ST-ZIP		

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #