

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

**FILED**  
**Jul 08, 2005 8:00 am**  
**Secretary of State**

07-08-2005 90089 036 \*\*\*\*50.00

DOCUMENT # L 04000047947

1. Entity Name



**DO NOT WRITE IN THIS SPACE**

**14018315**

2. Principal Place of Business

2685 S. Jefferson

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1126

Suite, Apt. #, etc.

City & State

Monticello FL

City & State

Monticello FL

4. FEI Number

06-1725625

Applied For

Not Applicable

Zip

32344

Country

Jefferson

Zip

32345

Country

Jefferson

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Dickie Brown

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

2689 South Jefferson St

City

Monticello

FL

Zip Code

32344

**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

Dickie Brown Dickie Brown owner manager 07/01/05

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  
STREET ADDRESS  
CITY-ST-ZIP  
OWNER / MANAGER  
Dickie Brown  
2689 S. Jefferson St  
Monticello FL 32344

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

**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:

Dickie Brown

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

Date

Daytime Phone #

CR2E083B (12/02)