LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2006 08:00 AM
Secretary of State

AT.

DOCUMENT #

1. Entity Name

L04000058435

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7330 ALOE DR.	
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: WEEKI WACHEE, FL	City & State
Zip: 34607 / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 20-1478038 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: HAROLD BOLAND

Street Address (P.O. Box Number is Not Acceptable): 7330 ALOE DR.

City: WEEKI WACHEE FL Zip Code: 34607

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. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	PRESIDENT	TITLE	
NAME	HAROLD BOLAND	NAME	
STREET ADDRESS	7330 ALOE DR.	STREET ADDRESS	
CITY-ST-ZIP	WEEKI WACHEE, FL 34607	CITY-ST-ZIP	
TITLE	VICE PRESIDENT	TITLE	
NAME	RYAN ALLEN BOLAND	NAME	
STREET ADDRESS	7330 ALOE DR.	STREET ADDRESS	
CITY-ST-ZIP	WEEKI WACHEE FL 34607	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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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: Harold Boland — 4/14/06 — 352-263-9034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #