

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

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90298 022 ****50.00

DOCUMENT # L96000001304

1. Entity Name

ONO EAST, L.C.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Drawer 12684

Suite, Apt. #, etc.

3. Mailing Address

P.O. Drawer 12684

Suite, Apt. #, etc.

City & State

Pensacola, Florida

Zip

Country

32574

USA

City & State

Pensacola, Florida

Zip

Country

32574

USA

4. FEI Number

59-3436578

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Douglas C. Halford

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

220 South Palafox Street

City

Pensacola

FL

Zip Code

32501

**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.

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
Managing member	Douglas C. Halford	220 South Palafox Street	Pensacola, Florida 32501
Managing member	Nancy S. Halford	220 South Palafox Street	Pensacola, Florida 32501
Managing member	Timothy W. Wright	4 Port Royal Way	Pensacola, Florida 32501
Managing member	Dixie K. Wright	4 Port Royal Way	Pensacola, Florida 32501

**DO NOT WRITE
IN THIS SPACE**

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

2/21/03

CR2E083B (12/02)