

2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED *W 8/3*
99 AUG -3 PM 12:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
\$588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #** L97000000986

GREGWARE SYSTEMS, L.C.
3649 U.S. HIGHWAY #17
SOUTH ORANGE PARK FL 32073

1a. Principal Place of Business Address

3649 U.S. HIGHWAY #17
SOUTH ORANGE PARK FL 32073

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09/05/1997

FL

4. FEI Number

☐ Applied For

City & State

City & State

59-3448647

☐ Not Applicable

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

05/26/1998

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

GREGWARE, DAVID D
6100 WEST SHORES ROAD
ORANGE PARK FL 32073

Name

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

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by a affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations

SIGNATURE

DATE

(If designated Agent Accepting Appointment) (If Not, Registered Agent Signature Required for Change of State)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	GREGWARE, DAVID D	6100 WEST SHORES ROAD	ORANGE PARK FL

400002952914--2
-08/06/99--01076--002
****188.75 ****188.75

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

DAVID GREGWARE

7-26-99 904 2698778

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNER'S MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

(2)

GREGWARE SYSTEMS LLC.

3649 Hwy 17 So. Suite #5
Orange Park, FL. 32073

July 12, 1999

To Whom It May Concern:

I do not recall receiving the first notice of this filing fee.

As per our telephone conversation of July 12, 1999, I have enclosed the amount of \$188.75.

Sincerely



David Gregware

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SECRETARY OF STATE
TALLAHASSEE FLORIDA