2003 LIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9700001209



FILED Apr 14, 2003 8:00 am Secretary of State 04-14-2003 90751 039 ****50.00

1330 THOMASVILLE RD., L.C.) [04-14-2003 90/31 039 *** 30.00			3.00
Principal Place of Business 1330 THOMASVILLE ROAD TALLAHASSEE FL 32303		Mailing Address 1330 THOMASVILLE ROAD TALLAHASSEE FL 32303			1 1811/ 1681: 88 1/1 88 111 2	1):: 85:::		110 (Eli 1981	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF	MAKING (CHANGES		
City & State		City & State		4. FEI Number 59-3493463 Applied For Not Applied For				-	
Zip	Country	Zip	Coun	ntry	5. Certificate of	Status Desired		5.00 Add	ditional
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New Re	gistered Ag	zent	·
				Name		-			
1330	IMPSON, THOMAS R D THOMASVILLE ROAD LAHASSEE FL 32303		Stree		(P.O. Box Number i	s Not Acceptable)		` ,	
			-	City			FL	Zip Code	e
	named entity submits this statement for tions of registered agent.	r the purpose of changing its	registere	Led office or registe	ered agent, or both,	in the State of Florid		<u>l</u> niliar with,	and accept
SIGNATURE									
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	ed Agent signature require	d when reinstating)		DATE		
				FEE IS \$50.00					-
		Make Check Payab		-	ent of State				
			е ву ма	ay 1, 2003					
9.	MANAGING MEMBE		10.			ADDITIONS/C			
TITLE	MGR	Delete .	TITLE					Change	☐ Addition
NAME STREET ADDRESS	THOMPSON, THOMAS		NAMI	ie Eet address					
CITY-ST-ZIP	1330 THOMASVILLE ROAD			-ST-ZIP					
TITLE	TALLAHASSEE FL 32303 MGR		•						
NAME	CRAWFORD, WILLIAM	☐ Doloto	TITI E	E I			Г		☐ Addition
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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 turther 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: / WOWW.