

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000300

1. Entity Name
SOFRAN CITRUS, L.C.

Principal Place of Business
808 THIRD STREET, SUITE C
NEPTUNE BEACH FL 32266

Mailing Address
808 THIRD STREET, SUITE C
NEPTUNE BEACH FL 32266

2. Principal Place of Business

3. Mailing Address
245 Peachtree Center Ave, NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 2800

City & State

City & State
Atlanta, GA

Zip

Country

Zip

Country

30303-1227

USA

4. FEI Number 59-3505853

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ROULEAU, ROBERT
808 THIRD STREET, SUITE C
NEPTUNE BEACH FL 32266 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ZAVALKOFF, NORMAN
5500 AVE. ROYALMOUNT, SUITE 200
VILLE MONT-ROYAL, QUE, CANADA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600003819336-7
-03/08/01--01097--013
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

0024837 AF

CR2E083 (11/00)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

