

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-19-2002 90031 042 ****50.00

DOCUMENT # L98000000300

1. Entity Name

SOFRAN CITRUS, L.C.

Principal Place of Business

**808 THIRD STREET, SUITE C
 NEPTUNE BEACH FL 32266**

Mailing Address

**245 PEACHTREE CENTER AVE., NE. SUITE 2800
 ATLANTA GA 30303-1227**

18680

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3505853

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Robert Rouleau

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

808 Third Street

Suite C

City

Neptune Beach

FL

Zip Code
32266

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

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
**MGR
 ZAVALKOFF, NORMAN
 5500 AVE. ROYALMOUNT, SUITE 200
 VILLE MONT-ROYAL QUE CANADA** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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10. ADDITIONS/CHANGES

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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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:

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

ROBERT ROULEAU, Manager

3-14-02 904.241.5104

Date

Daytime Phone #

CR2E083 (9/01)