

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -3 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0008818 AF

DOCUMENT # L98000001228

1. Entity Name
CASH COW F14 (NICEVILLE), L.L.C.

Principal Place of Business Mailing Address
1020 E. LAFAYETTE STREET, SUITE 106B 1020 E. LAFAYETTE STREET, SUITE 106B
TALLAHASSEE FL 32301 TALLAHASSEE FL 32301-4546



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
150 John Sims Hwy 2011 Delta Blvd
Suite, Apt. #, etc. Suite, Apt. #, etc. # A
City & State City & State
Niceville, Fla Tallahassee, Fla
Zip Country Zip Country
32578 U.S.A. 32303 U.S.A.

4. FEI Number 59-3522239 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
PEREZ, SANTOS
2000 OLD FORT DRIVE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGR SWANK, JEFF 7906 MCCLURE TALLAHASSEE FL 32312
Delete
Delete
Delete
Delete
Delete

10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP
000003269480-4
-05/30/00--01005--002
*****50.00 *****50.00
Change Addition
Change Addition
Change Addition
Change Addition
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 REQUIRED 5-1-00 (950) 942-0006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)