

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001272

1. Entity Name
PRICE-DOYLE, L.L.C.

FILED

01 MAY 11 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6299-5 POWERS AVENUE
JACKSONVILLE FL 32217

Mailing Address
6299-5 POWERS AVENUE
JACKSONVILLE FL 32217



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3531586

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRICE, SAMUEL B
6299-9 POWERS AVENUE
JACKSONVILLE FL 32217

Name Timothy D. Kelly, P.A.
Street Address (P.O. Box Number is Not Acceptable)
1016 LaSalle Street
City Jacksonville FL Zip Code 32207

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

4/30/01

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR
STREET ADDRESS PRICE, SAMUEL
CITY-ST-ZIP 6299-5 POWERS AVENUE
JACKSONVILLE FL 32217

TITLE NAME
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CITY-ST-ZIP

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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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 #