2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001424

1. Entity Name
LO-CHLOR, L.C.

Principal Place of Business	Mailing Address
5755 POWERLINE ROAD	5755 POWERLINE ROAD
FORT LAUDERDALE FL 33309	FORT LAUDERDALE FL 33309

FILED

2001 JUN -7 AM 10: 18

DIVISION OF CORPORATIONS

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State	City & State	

Zip	Country	Zip	Country	**4.** FEI Number 65-0853031	Applied For / Not Applicable

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**
CHISLING, GARY R 5755 POWERLINE ROAD FORT LAUDERDALE FL 33309	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 **MGRM** NAME **SIMONS, ANDREW L** STREET ADDRESS **140 VICTORIA ROAD, BELLEVUE HILL** CITY-ST-ZIP **N.S.W. 2023, AUSTRALIA**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **MGRM** NAME **KENT, WILLIAM A** STREET ADDRESS **5755 POWERLINE ROAD** CITY-ST-ZIP **FORT LAUDERDALE FL 33309**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition T00004367227---1 -06/06/01--01033--016 ****50.00 *****50.00
TITLE **MGR** NAME **CHISLING, GARY R** STREET ADDRESS **5755 POWERLINE ROAD** CITY-ST-ZIP **FORT LAUDERDALE FL 33309**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: _____ 4-25-01 954-772-6986

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #