

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002457

1. Entity Name
AYERS/INDIA L.L.C.

FILED

01 JUL 18 AM 8:47

Principal Place of Business
537 EAST PARK AVENUE
TALLAHASSEE FL 32301

Mailing Address
537 EAST PARK AVENUE
TALLAHASSEE FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1877 Redwood Grove Terrace
Suite, Apt. #, etc.

3. Mailing Address
1877 Redwood Grove Terrace
Suite, Apt. #, etc.

4. FEI Number NOT APPLICABLE Applied For Not Applicable

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

City & State Lake Mary FL
Zip 32746 Country USA

City & State Lake Mary FL
Zip 32746 Country USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNDERWOOD, ROBERT L
537 EAST PARK AVENUE
TALLAHASSEE FL 32301

Gary Ayers
1877 Redwood Grove Terrace
Lake Mary FL 32746

Name Ayers
Street Address (P.O. Box Number is Not Acceptable)
1877 Redwood Grove Terrace
City Lake Mary FL Zip Code 32746

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 Ayers (NOTE: Registered Agent signature required when reinstating) DATE 4-11-01

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

70000493627-9
-07/24/01--01062--002
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AYERS, GARY P.O. BOX 952077 LAKE MARY FL 32795	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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] SIGNATURE REQUIRED

4-11-01

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

Date Daytime Phone #

CR2E083 (11/00)