

2001 UNIFORM BUSINESS REPORT (UBR)

0001954 AF

DOCUMENT # L98000002603

1. Entity Name

LARRY MCKENZIE, JR., LLC

FILED

01 APR 23 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

P.O. BOX 517
MIDDLEBURG FL 32050

P.O. BOX 517
MIDDLEBURG FL 32050

2. Principal Place of Business

3. Mailing Address

P.O. Box 517

P.O. Box 517

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Middleburg

Middleburg

City & State
Florida

City & State
Florida

Zip
32068

Zip
32068

Country
CLAY

Country
CLAY

4. FEI Number

59-3516841

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKENZIE, LAWRENCE A JR
4983 WINDMILL CT
MIDDLEBURG FL 32050

Name

MCKENZIE, LAWRENCE A JR

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

4983 Windmill Ct

City

Middleburg

City

Middleburg

FL

Zip Code

32068

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

April 15th 2001

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

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*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR MCKENZIE, LARRY 4983 WINDMILL CT MIDDLEBURG FL 32050 | <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: X

SIGNATURE REQUIRED

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

x 4-15-01

305-395-1736

Date

Daytime Phone #

CR2E083 (11/00)