

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90391 002 \*\*\*\*55.00

**DOCUMENT # L98000002749**

1. Entity Name  
**BM6, L.L.C.**

Principal Place of Business

~~30007 EMERALD COAST PARKWAY~~  
**DESTIN FL 32541**

Mailing Address

~~30007 EMERALD COAST PARKWAY~~  
**DESTIN FL 32541**

2. Principal Place of Business

**4507 FURLING LANE**

3. Mailing Address

**P.O. Box 1081**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite # 213**

City & State

City & State

**Destin, FLORIDA**

**Cullman, AL**

Zip

Country

Zip

Country

**32541**

**OKALOOSA**

**35056**

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3545390**

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

**SHARPE, JAMES A**

**4507 FURLING LANE, SUITE 213**  
**DESTIN FL 32541**

Name

**N/A**

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

**N/A**

City

**N/A**

**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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
 NAME **ASSET RESOURCE MANAGEMENT, INC.**  
 STREET ADDRESS **4507 FURLING UNIT #213**  
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
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 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: **James A. Sharpe**

SIGNATURE REQUIRED

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

**1-23-02 850-654-4550**

CR2E083 (9/01)