2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002894

LTC INFO GROUP, LLC



FILED Apr 28, 2003 8:00 am Secretary of State 04-28-2003 90102 047 ****50.00

PLYMOUTH IN 5541 2. Principal Piece of Business Suite. Apt. #. etc. CHECK HER IF MAKING CHANGES Suite. Apt. #. etc. CHECK HER IF MAKING CHANGES Doily & State Applied For Investment Applied For Investment Agent Investment Agent Investment Agent Investment				•		THE TASK						
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ZP Country Zip Country 5. Certificate of Status Desired S.O. Additional Fee Required 6. Name and Address of Current Registered Agent KROMAN, GREGG 759 S. FEDERAL HIGHWAY, SUITE 208 STUART FL 34994 Strong Authority P. Box Number in Nature P. Box Number In Number In Nature In Number In Num	Suite, Apt.	#, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
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SIGNATURE 8. The above named entity approise this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. INDIE Registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. INDIE Registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. INDIE Registered Agent signature required when resistating) INDIE Registered Agent signature required when resistating) INDIE Registered Agent signature required when resistation INDIE Registered Agent signature required when resistation INDIE Registered Agent							P.Q. Box Numi	ber is Not Acceptable)	11 3	\$\lands\cdots		
8. The above named entity address this statement for the purpose of changing its registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATU	STU	ART FL 3499	4			10 3	COTI	at Truy	-4-4	<u> </u>	<u> </u>	
the obligations of registred agent. SIGNATURE Engrades typed or infried name of registred gent and title 1 applicable. (NOTE Registrated Agent signature required when retristations) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MAME ANDERSON, LEONARD G 1070 OLD COUNTY ROAD 15 CITY-ST-ZIP TITLE 1070 OLD COUNTY ROAD 15 CITY-ST-ZIP TITLE 1070 OLD COUNTY ROAD STREET ADDRESS CITY-ST-ZIP TITLE 1074 Delete 1074 STREET ADDRESS CITY-ST-ZIP 1074 STREET ADDRESS CITY-ST-ZIP 1075 STREET ADDRESS CITY-ST-ZIP 1076 Delete 1077 ST-ZIP 1076 Delete 1077 ST-ZIP 1077 ST-ZIP 1077 ST-ZIP 1078 Delete 1077 ST-ZIP 1078 Delete 1078 STREET ADDRESS CITY-ST-ZIP 1078 STREET ADDRESS CITY		_				CityStu	art		FL	Zip Code	994	
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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.	11. I hereby condicated of	ertify that the ir	nformation supplied with the true and accurate and the	nis filing does not qualify for at my signature shall have	the exer	nption stated in Se legal effect as if m	ction 119.07(3)(i), Florida Statutes. I furth; that I am a managing	rther certify member o	that the in or manager	formation of the	