

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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DOCUMENT # L98000003436

1. Entity Name
RINDLE ASSET MANAGEMENT, LLC

00 APR 27 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

ROUTE 17, BOX 986
LAKE CITY FL 32055

Mailing Address

ROUTE 17, BOX 986
LAKE CITY FL 32055-9397



2. Principal Place of Business

17687 165TH RD

3. Mailing Address

17687 165TH RD

Suite, Apt., etc.

Suite, Apt., etc.

City & State

LIVE OAK, FL

Zip
32060

Country

Swansea

City & State

LIVE OAK, FL

Zip

32060

Country

Swansea

DO NOT WRITE IN THIS SPACE

MOM

4. FEI Number

59-3549844

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RINDLE, THOMAS C

ROUTE 17, BOX 986

LAKE CITY FL 32055

7. Name and Address of New Registered Agent

Name

Rindle, Thomas C.

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

17687 165TH RD

City

LIVE OAK, FL

FL

Zip Code

32060

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

Thomas C. Rindle

Signature, typed or printed name of registered agent and title if applicable.

IN C. Rindle

(NOTE: Registered Agent signature required when reinstating)

- SAME AGENT

4-20-2000

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9.

MANAGING MEMBERS / MEMBERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	RINDLE, THOMAS C	
STREET ADDRESS	ROUTE 17, BOX 986	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10.

ADDITIONS / CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINDLE, THOMAS C	
STREET ADDRESS	17687 165TH RD	
CITY-ST-ZIP	LIVE OAK, FL 32060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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:

Thomas C. Rindle

4-20-2000 - 904-716-2399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)