

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90016 005 ****50.00

DOCUMENT # L99000000079

1. Entity Name

FALCOLN II, LLC

Principal Place of Business

**2001 SE HAWTHORNE RD
 HAWTHORNE FL 32640**

Mailing Address

**P.O. BOX 1088
 HAWTHORNE FL 32640**

2. Principal Place of Business
1187 cr 309

3. Mailing Address
P.O. Box 240

Suite, Apt. #, etc.

~~FRUITLAND/CRESSENT CITY FL~~

Suite, Apt. #, etc.

City & State

Fruitland/Crescent City, FL

City & State

Georgetown, FL.

Zip

Country

32112

USA

Zip

32139

Country

USA

4. FEI Number

59-3560391

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED
 1000 WEST AVENUE
 NO. 1114
 MIAMI BEACH FL 33139-0000**

7. Name and Address of New Registered Agent

Name

Charles D. Ledford

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

1187 CR 309

City

Fruitland/Crescent City

FL

Zip Code

32112

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

Charles D. Ledford

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

(NOTE: Registered Agent signature required when reinstating)

4/18/02

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **LEDFOUR, CHARLES D**
 STREET ADDRESS **20001 SE HAWTHORNE RD**
 CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
 NAME **Ledford, Charles D.**
 STREET ADDRESS **1187 CR 309**
 CITY-ST-ZIP **Fruitland/Crescent City, FL. 32112**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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:

Charles D. Ledford

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

4/18/02

Date

386-467-8877

Daytime Phone #

CR2E083 (9/01)