2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am Secretary of State DOCUMENT # L9900001220 1. Entity Name 02-05-2002 90084 039 ****50.00 SECORD HOLDINGS, LLC Principal Place of Business Mailing Address 515 POCAHONTAS DRIVE 515 POCAHONTAS DRIVE 012083 FT. WALTON BEACH FL 32547 FT. WALTON BEACH FL 32547 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE · -- City & State __ --4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SECORD, RICHARD V Street Address (P.O. Box Number is Not Acceptable) 515 POCAHONTAS DR. FT.WALTON BEACH Ft. 32547 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both ed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR Delete TITI F ☐ Addition Change SECORD, RICHARD V NAME NAME STREET ADDRESS 515 POCAHONTAS DRIVE STREET ADDRESS CITY-ST-ZIP FT. WALTON BEACH FL 32547 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED