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2001	UNIFO	RM BUSINE	ESS REPOF	RT (UBF	3)	waste 1990-1990 t			
DOCUMENT # 1. Entity Name					1,55	The state of the s	7 p. (4)		
YAMAR, L.L.C.					¥.	s	· **		
,	ļ	,				FILED			
Principal Plac	e of Business	Ma	ailing Address		01	1 JUL 30 AM 8: 4	7		
1405 SHOREWOOD DRIVE		1405 SHOREWOOD DRIVE				•			
LAKELAND FL 33803		LAKELAND FL 33803			S	ECRETARY OF STATE	15 A ng an aganan mana	18181 PHI 1881	
		1.27							
2. Principal F	Place of Business	3. Mailing Address			'		1811) BBIQL 11Q10 12901	(BIMF BIJ) 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		(City & State		4. FEI N	APPLIED FOR		plied For t Applicable	
Zip	C	ountry 2	Zip .	Country	5. Certifi	cate of Status Desired	\$5.00 Add		
	6. Name and	Address of Current Regis	tered Agent		7. Name	and Address of New Register	ed Agent		
YACHABACH, JERRY					Name				
	OREWOOD DRI	VΕ		Street Ad	ddress (P.O. Box Nu	umber is Not Acceptable)			
LAKELAND FL 33803									
	ı		•	City	City FL Zip Code				
8. The above	named entity sub	omits this statement for the p	urpose of changing its re	gistered office or	registered agent, o	r both, in the State of Florida.			
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis					re required when reinstatin	DOOOO451*	3640-	-5	
<u> </u>		FILE NOW!		VIII FEE IS \$		-08/03/01- 			
,			Make Check Pays	ibie to Departi	ment of State				
9.	The	MANAGING MEMBERS/M		10.		ADDITIONS/CHAN	GES Change	Addition	
TITLE NAME	MGRM YACHABACH	JERRY	☐ Delete	TITLE NAME		•	∐ CHange	L. Audition	
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NAME	YACHABACH		_ 23.33	NAME					
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NAME STREET ADDRESS				NAME 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.

SIGNATURE:

PER OR PRINTED MARIE OF SIGNING MANAGING MEMBER MANAGER OR AUTH

5/20/0

Douting Phone #