

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001729

1. Entity Name
LAUGHING GULL, LLC

APPROVED
AND
FILED

00 MAY 12 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1848 LAURA STREET
JACKSONVILLE FL 32206

Mailing Address
1848 LAURA STREET
JACKSONVILLE FL 32206-3662



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3 South Street
Suite, Apt. #, etc.

3. Mailing Address
3 South Street
Suite, Apt. #, etc.

City & State
St. Augustine, FL
Zip
32084
Country
St. Johns

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St. Augustine, FL
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32084
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4. FEI Number
Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VAN HORN, CRAIG
1848 LAURA STREET
JACKSONVILLE FL 32206

7. Name and Address of New Registered Agent

Name
Craig Van Horn
Street Address (P.O. Box Number is Not Acceptable)
3 South Street
City
St. Augustine FL Zip Code
32084

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NELSON, BRADFORD C 1848 LAURA STREET JACKSONVILLE FL 32206	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAN HORN, CRAIG 151 HALE STREET ATLANTA GA 30367	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	000003273400 -06/07/00--01018--022 *****50.00 *****50.00	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Craig Van Horn 3 South Street St. Augustine, FL 32084	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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
Signature and typed or printed name of signing managing member or manager

Date

Daytime Phone #

CR2E083 (9/99)