

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 26, 2003 8:00 am
Secretary of State

06-26-2003 90001 005 ***150.00

0045646

DOCUMENT # L99000001729

1. Entity Name

LAUGHING GULL, LLC



Principal Place of Business

**3 SOUTH STREET
ST. AUGUSTINE FL 32084**

Mailing Address

**3 SOUTH STREET
ST. AUGUSTINE FL 32084**

10108522

2. Principal Place of Business

157 East 8th Street

Suite, Apt. #, etc.

115

City & State

Jacksonville, Florida

Zip

32206

Country

USA

3. Mailing Address

157 East 8th Street

Suite, Apt. #, etc.

115

City & State

Jacksonville, Florida

Zip

32206

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3677215

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
3 SOUTH STREET
ST. AUGUSTINE FL 32084**

7. Name and Address of New Registered Agent

Name

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

157 East 8th Street, Suite 115

Suite 115

City

Jacksonville, FL

Zip Code

32206

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-03

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete

**MGR
VAN HORN, CRAIG
3 SOUTH STREET
ST. AUGUSTINE FL 32084**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
**157 East 8th Street, Suite 115
Jacksonville, FL 32206**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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NAME
STREET ADDRESS
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:

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

Date

Daytime Phone #

4-1-03

CR2E083 (10/02)