

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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00 APR 28 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000002542

1. Entity Name
PENOBSCOT, LLC

Principal Place of Business Mailing Address
% JAMES B. BERTLES, ESQ. % JAMES B. BERTLES, ESQ.
777 SOUTH FLAGLER DR., SUITE 500 EAST 777 SOUTH FLAGLER DR., SUITE 500 EAST
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401-6161



2. Principal Place of Business 3. Mailing Address
c/o Stephen G. Vogelsang, Esq. c/o Stephen G. Vogelsang, Esq.

Suite, Apt. #, etc. Suite, Apt. #, etc.
777 S. Flagler Dr., 500 East 777 S. Flagler Dr., 500 East

City & State City & State
West Palm Beach, FL West Palm Beach, FL

Zip Country Zip Country
33401 USA 33401 USA

4. FEI Number Applied For
None (Disregarded Entity) ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
777 SOUTH FLAGLER DR., SUITE 500 EAST
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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	MGRM MAHANEY, LANCE D 419 SEASPRAY AVENUE PALM BEACH FL 33480	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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
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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
Lance D. Mahaney, Member

Date Daytime Phone #

4.3.2000 561.655.3646

CR2E083 (9/99)