2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L9900003321.						FILED'	TATE		
ARABELLA LEIGH, LLC					SECRETARY OF STATE DIVISION OF CORPORATIONS				
Principal Place of Business Mailing Address					00 SEP 13 AM 10: 02				
8009 WHISPER LAKE LANE EAST PONTE VEDRA BEACH FL 32082 8009 WHISPER LAKE LANE EAST PONTE VEDRA BEACH FL 32082							~ {		r
PUNIE VEUN	A DEACH FL 32002	PONIE VEDRA BEACH F	L J2002					1111 1111 1111	NA
Principal Place of Business 3. Mailing Address					_				
Suite, Apt. #, etc. Suite, Apt. #, etc.					-	`DO NOT W	RITE IN THIS S	PACE.	
an' ga'				4. FEI Number Applied For					
	City & State						No	t Applicable	
Zip	Country Zip Cou		Cour	itry	5. Certi	ficate of Status Desired		5.00 Add ee Required	litional 1
	6. Name and Address of Current F	Registered Agent			7. Name	e and Address of New	Registered A	gent	
Name					. ــ.	· · · · · · / · ·		·	-
WODRICH, MICHAEL A ESQ 1301 RIVERPLACE BLVD., SUITE 1500 Street Addr					(P.O. Box N	lumber is Not Acceptat	ole)		
JACKSONVILLE FL 32207									
" "				City			FL	Zip Code	e
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 a	nd title if applicable. (NOTI	E: Registere	d Agent signature required	d when reinstati	ing)	DATE		
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g Mari	•			FEE IS \$50.00 o Department o	f State			3,	• .
9.	MANAGING MEMBER	BS/MANAGERS	10.			ADDITION	S/CHANGES		
TITLE	MGRM	Delete	TITL	E		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,010,410,220	Change	Addition
NAME STREET ASSESSES	MOORHOUSE, LEIGH M	-	NAM	ie Eet address					
STREET ADDRESS CITY-ST-ZIP	8009 WHISPER LAKE LAND EAS PONTE VEDRA BEACH FL 32082			-ST-ZIP					
TITLE		☐ Delete	חוד	·		•		Change	☐ Addition
NAME STREET ADDRESS			NAM STRE	EET ADDRESS		6000003	3,99,5	396	-9
CITY-ST-ZIP	· .		_	-ST-ZIP	<u>.</u>)/0001 50.00	***** [Addition
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STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP		<u> </u>	CITY	-ST-ZIP		<u> </u>			
TITLE		☐ Delete	TITLE					Change	☐ Addition
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP		Alacta grat		-ST-ZIP		D7(D)(1) 51 11 51 51	140	E. 11	5
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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: SIGNATURE AND TYPES/OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER SIGNATURE AND TYPES/OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Date Descriptions of The Signing Managing Member or Manager									
	OMERIUME AND ITTED DITIONS	HAME OF BIGHING MANAGING		MANAGER		, Date	, DA	ruitesrTK#160 ♥	