LIMITED LIABILITY COMPANY
UNIFORM BUSINESS PEROPE (LIE

FILED

OKIN DOSINESS REPORT (UBK)	
DOCUMENT # 19900003712	02 APR 29 AM 10: 10
Clivedon Holdings LLC	SECRETARY OF STATE TALLAHASSEE, FLORIG

DUCUMENT# L99 00003712		02 APR 29 APT 10.		
Clivedon Holdings LLC		SECRETARY OF STA	RIDA	
DO NOT WRITE	E IN THIS SP	ACE		
Principal Place of Business	2 14 2	<del> </del>		
1333 N. DWW St.	3. Mailing Address	St. Stwal		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN T	HIS SPACE
Tallahassee, FL	Tallahass	00 🖂	4. FEI Number	Applied For
Zip 302 Country	Zip	Country	F C-15-1-10	Not Applicable
26 Marie 1	39309		Certificate of Status Desired      Name and Address of Company	Fee Required
DO NOT W	/DITE	Name	7. Name and Address of Current Registe	^
Street Address (P		(P.O. Box Number is bubt Acceptable)	in Services, Irc	
IN THIS SPACE		N. Dwal St.		
		City To N	0 1	Zip Code
8. The above named ontity submits this statement for	the burbose of champing its regis	stered office or registered	agent, or both, i in the State of Florida	FL Zip Code 303
SIGNATURE SIGNATURE	Months	_	Ц	71057
Signature, typed or printed name of registered agent		F 10 050 00		TE CO
	Make Check Paya	E IS \$50.00 ble to Department of	f State	•
9. MANAGING MEMOR	DUE	E BY MAY 1	,	
TITLE MGR		TITLE		
NAME Sterling Makagers STREET ADDRESS POBOL 362	s Limited	NAME		Š
CITY ST. 710	tole, BVI	STREET ADDRESS CITY-ST-ZIP		3
1 101E   133/~ 12	_	TITLE		' <u>0347</u> 9
NAME STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP  NAME NAME NAME NAME NAME STREET ADDRESS STREET ADDRESS			į	
THE Valley Angui	Oa BUI	CITY-ST-ZIP	<u> </u>	
NAME SYDEST ADDRESS		TITLE NAME		¥(
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS : Cfty-st-zip	DO NOT WR	ite.
TITLE		TITLE		<u> </u>
NAME Street address		NAME STREET ADDRESS	IN THIS SPA	(CE, Service
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE NAME	The state of the s	TITLE NAME		
STREET ADDRESS CITY-ST-ZIP	1	STREET ADDRESS		, ;
TITLE		CITY-ST-ZIP		
NAME STREET ADDRESS	•	NAME .		
CITY-ST-ZIP	₫,	STREET ADDRESS CITY-ST-ZIP		
<ol> <li>I hereby certify that the information supplied with the indicated on this report is true and accurate and the limited liability company or the receiver or trusted ex</li> </ol>	is filing does not qualify for the ex at my signature shall have the sam mpowered to execute this most	remption stated in Section ne legal effect as if made	119.07(3)( i), Florida Statutes, I further or under oath; that I am a managing memi	ertify that the information ber or manager of the

Janet M. Carucco

Auth. Rep. 4-34

Signing Managing Member, Manager, or Authorized Refresentative

Date

SIGNATURE:

Daytime Phone #

## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 PH: (850) 668-4318 FX: (850) 668-3398

DATE:

04-29-02

ACCOUNT NO:

FCA00000015

**AUTHORIZATION:** 

ABBIE/PAUL HODGE

TYPE OF FILING: UNIFORM BUSINESS REPORTS

NAME: 33 LIMITED LIABILITY COMPANIES

SPECIAL INSTRUCTIONS: NONE

\$1450,00

