

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90021 009 *****50.00

0049087

DOCUMENT # L99000004214

1. Entity Name

SING & WILSON, L.L.C.



Principal Place of Business

**7649 MARTHA'S WAY
NAVARRE FL 32566**

Mailing Address

**7649 MARTHA'S WAY
NAVARRE FL 32566**

2. Principal Place of Business

225 Nature's Trail

3. Mailing Address

225 Nature's Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Fort Walton Beach, FL

City & State

Fort Walton Beach, FL

Zip

32548

Country

USA

Zip

32548

Country

USA

4. FEI Number

54-1929255

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LISA MARIE MANION
7649 MARTHA'S WAY
NAVARRE FL 32566**

7. Name and Address of New Registered Agent

Name

Charles James Shoff

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

225 Nature's Trail

City

Fort Walton Beach

FL

Zip Code

32548

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

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

(NOTE: Registered Agent signature required when reinstating)

Charles J. Shoff, MGRM 4/7/03

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **MICHAEL LUM SING**
STREET ADDRESS **6527 ELNIDO DRIVE**
CITY-ST-ZIP **MCLEAN VA 22101**

TITLE **MGRM** ☐ Delete
NAME **RICHARD BRYANT WILSON, JR.**
STREET ADDRESS **37149 WILD ROSE LAND**
CITY-ST-ZIP **MURRIETA CA 92562**

TITLE **MGRM** ☐ Delete
NAME **CHARLES JAMES SHOFF**
STREET ADDRESS **638 UNIVERSITY DRIVE**
CITY-ST-ZIP **WALDORF MD**

TITLE **MGRM** ☐ Delete
NAME **LISA MARIE MANION**
STREET ADDRESS **7649 MARTHA'S WAY**
CITY-ST-ZIP **NAVARRE FL 32566**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Charles James Shoff**
STREET ADDRESS **225 Nature's Trail**
CITY-ST-ZIP **Fort Walton Beach, FL 32548**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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

Lisa M. Manion
Lisa M. Manion

Date

4/7/03

Daytime Phone #

(850) 939-6013

CR2E083 (10/02)