

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004315

1. Entity Name

ALL SOUTH MEATS, L.L.C.

Principal Place of Business

**12575 S. CLEVELAND AVENUE
FORT MYERS FL 33907**

Mailing Address

**12575 S. CLEVELAND AVENUE
FORT MYERS FL 33907**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0935825

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PEDER, PAUL D
12575 S. CLEVELAND AVE.
FORT MYERS FL 33907**

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)

100003907641

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

**-03/23/01--01054--020
*****50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

TITLE **MGR** ☐ Delete
NAME **PEDER, PAUL D**
STREET ADDRESS **12575 S. CLEVELAND AVENUE**
CITY-ST-ZIP **FORT MYERS FL 33907**

10. ADDITIONS/CHANGES

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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

Date

Daytime Phone #

2/11/01 941-275-6700

0019685 AF

CR2E083 (11/00)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -7 PM 2:16



DO NOT WRITE IN THIS SPACE