

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90013 034 ****50.00

DOCUMENT # L99000005137

1. Entity Name

ORATION CONSULTING GROUP, LLC

Principal Place of Business

7032 CYPRESS BRIDGE CIRCLE
 PONTE VEDRA BEACH FL 32082

Mailing Address

7032 CYPRESS BRIDGE CIRCLE
 PONTE VEDRA BEACH FL 32082

(ADDRESS CHANGE)

2. Principal Place of Business

221 CLEAR LAKE DR.

Suite, Apt. #, etc.

3. Mailing Address

221 CLEAR LAKE DR.

Suite, Apt. #, etc.

City & State

PONTE VEDRA BEACH, FL.

City & State

PONTE VEDRA BEACH, FL.

4. FEI Number

59-3605622

Applied For

Not Applicable

Zip

32082

Country

ST. JOHNS

Zip

32082

Country

ST. JOHNS

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

6. Name and Address of Current Registered Agent

VELLA, ORA L
7032 CYPRESS BRIDGE CIRCLE
PONTE VEDRA BEACH FL 32082

(SEE ADDRESS CHANGE ABOVE)

7. Name and Address of New Registered Agent

Name

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

221 CLEAR LAKE DR.

City **PONTE VEDRA BEACH**

FL

Zip Code

32082

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]

3/5/02

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
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **VELLA, ORA L**
 STREET ADDRESS **7032 CYPRESS BRIDGE CIRCLE**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **221 CLEAR LAKE DRIVE**
 CITY-ST-ZIP **PONTE VEDRA BEACH, FL. 32082**

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

TITLE ☐ Change ☐ Addition
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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: X

[Signature]

3/5/02

904-285-0658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)