

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90441 032 ****50.00

DOCUMENT # L99000006202

1. Entity Name

BIG SID BEARS, LLC

DO NOT WRITE IN THIS SPACE

969569

2. Principal Place of Business

1008 1/2 Drew St.

Suite, Apt. #, etc.

3. Mailing Address

1008 1/2 Drew St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Clearwater FL

City & State
Clearwater FL

4. FEI Number
59-3600152

Applied For
Not Applicable

Zip
33755

Country

Zip
33755

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

G. T. Mayer

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

1008 1/2 Drew St.

City

Clearwater

FL

Zip Code

33755

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
MGR
NAME
Mayer, G. T.
STREET ADDRESS
1008 1/2 Drew St.
CITY-ST-ZIP
Clearwater FL 33755

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
MBR
NAME
Simpson, Robert
STREET ADDRESS
6130 Williams Rd
CITY-ST-ZIP
Charlotte NC 28215

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CR2E083B (12/01)

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 #