2001	UNIFORM BUS	INESS REP	UNI	(ODD)	_		,			
1. Entity Nan	MENT # L9900 RLY, L.L.C.		FILED					:		
		100				00 J	AN 12 F	'M 2: 0	ŀ	
551 LAKE MA	ce of Business ARTHA DRIVE. N.E. EN FL 33881-4270	Mailing Address 551 LAKE MARTHA DRIVE. N.E. WINTER HAVEN FL 33881-4270			SECRETARY OF STATE TALLAHASSEE, FLORIDA					
	•									
2. Principal Place of Business		3. Mailing Address			- , II II		13) 48 14 18 1 4			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEI Num 593	ber 594435	<u></u>	h	plied For t Applicable	€
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired Status Desired Fee Required					
	6. Name and Address of Current	Registered Agent	4		7. Name ar	d Address of New I	Registered A	gent		
		Name								
HALLOCK, DAVID D JR LANE TROHN BERTRAND & VREELAND PA				Street Address (P.O. Box Number is Not Acceptable)						
	e morton drive D FL 33801		ļ				FL	Zip Code		$\frac{1}{2}$
8 The above	named entity submits this statement for	ed office or registe	or registered agent, or both, in the State of Florida.							
o. me doore	Thairida office state markets	are purpose or changing i	to regiotori	od omeo or registe	roa agom, or b	out, in the state of the	Jirda.			
SIGNATURE .	Signature, typed or printed name of registered agent a	ind title if applicable. (NO	OTE Registere	d Agent signature required	d when reinstating)		DATE			
	· · · · · · · · · · · · · · · · · · ·	FILE	NOW!!!	FEE IS \$50.00	,					
		. E		o Department o	of State					Ì
9.	MANAGING MEMBE	ERS/MEMBERS	10.	<u> </u>	`	ADDITIONS	/CHANGES			-
TITLE	MGRM	Detate	TITL	F				Change	Addition	-] <u>@</u>
NAME STREET ADDRESS	ARD, DAVID M 551 LAKE MARTHA DRIVE NE		NAM PTRS	IE EET ADDRESS	5	00003 -01/20	1041	55-	6	33 (9
CITY- ST- ZIP	WINTER HAVEN FL 33881-4270			-\$T-ZIP	_	-01/20	/0001 50,80	0370	110 n an	72E083 (9/99)
TITLE	MGRM	☐ Delate	TITL	E		7.7.7.7.7.	513 , 1313	Change	Addition	
NAME STREET ADDRESS	ARD, KENNETH R 1602 Avenue L NW		NAM	IE Eet address						
CITY- ST- ZIP	WINTER HAVEN FL 33881			-ST-ZIP						
TITLE		☐ Delate	TITLI					Change	Addition	
NAME STREET ADDRESS			STRE	ET ADDRESS		4				
CITY-8T-ZIP TITLE		☐ Delete	TITL	- ST- ZIP		-	/	Change	☐ Addition	-
NAME			NAM	E		\mathcal{N}			<u></u>	
STREET ADDRESS CITY-ST-ZIP	3			ET ADDRESS - \$t-zip						
TITLE		☐ Delete	TITLI			***		Change	Addition	7
NAME STREET ADORESS			NAM Stre	ET ADDRESS			,			
CITY-ST-ZIP				-ST-ZIP			<u> </u>			4
TITLE &		☐ Delete	TITLI Nam					Change	Addition	
STREET ADDRESS				ET ADDRESS						
11. I hereby o	certify that the information supplied with	this filing does not qualify f	or the exe	-\$T-ZIP motion stated in Se	ection 119 07/3)(i), Florida Statutes	I further certif	v that the in	formation	-
indicated limited lia	on this report is true and accurate and billity company or the receiver or trustee	that my cionature shall have empowered to execute this	e the same s report as	e legal effect as if no required by Chap	nade under oat ter 608, Florida	h; that I am a mana Statutes.	ging member	or manager	of the	}
SIGNAT			CMENDED	DO MANAGED		Date		dima Disas : "		
	SAURALURE ARD LIFED OR PRIN	TED NAME OF SIGNING MANAGIN	- MLMDEN U	··· morroups		∠ale	∪ay	time Phone #		1