2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
00 APR -3 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

001418 3 AF

DOCUMENT # L99000005553

Entity Name
ARMIC ENTERPRISES, L.L.C.

Principal Place of Business
4139 N.W. 182ND PLACE
GAINESVILLE FL 32653

Mailing Address
POST OFFICE BOX 223
LA CROSSE FL 32658-0223

4f 4/10

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7257 NW 4th Boulevard	7257 NW 4th Boulevard
Suite, Apt. #, etc. PMB 176	Suite, Apt. #, etc. PMB 176
City & State Gainesville Florida	City & State Gainesville Florida
Zip 32607 Country USA	Zip 32607 Country USA

4. ~~FEI~~ TIN Number 593596225 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EDWARDS, MICHAEL
4139 N.W. 182ND PLACE
GAINESVILLE FL 32653

7. Name and Address of New Registered Agent

Name: Milton H. Baxley II
Street Address (P.O. Box Number is Not Acceptable): c/o 1929 N.W. 12th Terrace
City: Gainesville, FLA. Zip Code: 32609

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. Milton H. Baxley II, Registered Agent

SIGNATURE Michael Edwards Michael Edwards, Member/Manager March 31, 2000
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

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	Member/Manager	☒ Change ☐ Addition
NAME	EDWARDS, MICHAEL		NAME	Michael Edwards	
STREET ADDRESS	POST OFFICE BOX 223		STREET ADDRESS	7257 NW 4th Boulevard PMB 176	
CITY-ST-ZIP	LA CROSSE FL 32658		CITY-ST-ZIP	Gainesville, Florida 32607	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	800003217688--7	
CITY-ST-ZIP			CITY-ST-ZIP	-04/20/00--01112--022	
TITLE		☐ Delete	TITLE	*****50.00 *****50.00	☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (9/99)

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: Michael Edwards Michael Edwards March 31, 2000 (352) 870-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #