2000 UNIFORM BUSINESS REPORT (UBR)

THE ORVAL COMPANY, LLC. Principal Place of Business	DOCUMENT # L9900006026 1. Entity Name THE ORVAL COMPANY, L.L.C.								* 1.2	
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Surie, Apr. #, etc. Suite, Apr. #, etc. Applied For April For Country Zip Country Zip Country S. Certificate of Stokus Ocision Sick Considered Agent 7. Name and Address of New Registered Agent Name KENT, SCOTT O 444 MARMORE CDRAL CABLES FL 33146 City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code Sicked Address (PO, Box Number is Not Acceptable) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of Siete Signature Sign	OUTINE CABLE	20 12 00140	ODINE GABLES TE SOTA	10 E000					1 11 010 0 0011 1 00 1	
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Server Address of Name and Address of Current Registered Agent KENT, SCOTT 0 444 MARMORE CORAL GABLES FL 33146 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, speed or primar rare or ingressed agent and the frequency Agent speaks increased agent, or both, in the State of Florida. SIGNATURE Signature, speed or primar rare or ingressed agent and the frequency Agent speaks increased agent, or both, in the State of Florida. SIGNATURE Signature, speed or primar rare or ingressed agent and the frequency Agent speaks increased agent, or both, in the State of Florida. SIGNATURE Signature, speed or primar rare or ingressed agent and the frequency Agent speaks increased agent, or both, in the State of Florida. SIGNATURE Signature, speed or primar rare or ingressed agent and the frequency Agent speaks increased agent, or both, in the State of Florida. SIGNATURE SIGNATURE Signature, speed or primar rare or ingressed agent and the frequency Agent speaks increased agent, or both, in the State of Florida. SIGNATURE	Zip Country · ·		Zip Country			5 Certificate of Status Desired S.5.00 Additional				
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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										

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER