2001 UNIFORM BUSINESS REPORT (UBR)

HERE

STAPLE

L99000006204 DOCUMENT # FILED 1. Éntity Name 01 JUL 10 PM 4: 46 OAK WOODRISING, LLC SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 82 SIXTH ST. 82 SIXTH ST. APALACHICOLA FL 32320 APALACHICOLA FL 32320 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 98-0216003 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MONOD, OLIVIER Street Address (P.O. Box Number is Not Acceptable) 82 SIXTH ST. APALACHICOLA FL 32320 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 26, 2001 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. Change Addition TITLE MGR ☐ Delete TITLE NAME MONOD, RODERICK B NAME STREET ADDRESS STREET ADDRESS 31 AVENUE DUQUESNE CITY-ST-ZIP CITY-ST-ZIP 75 007 PARIS Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS *****50.00 *****50.00 CITY-ST-ZIP CITY-ST-ZIP". ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE PAGE ☐ Addition ☐ Delete TITL F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

OR AUTHORIZED REPRESENTATIVE