2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #: L99000006807

1. Entity Name

Cat's Aweigh, LLC

FILED

01 APR 25 PM 5:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 417 Porpoise Point Dr. St. Augustine, FL 32095

Mailing Address: 417 Porpoise Point Dr. St. Augustine, FL 32095

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
417 Porpoise Point Drive Suite, Apt. #, etc.		417 Porpoise Point Drive Suite, Apt. #, etc.	
City & State: St. Augustine, FL		City & State: St. Augustine, FL	
Zip: 32084	Country: USA	Zip: 32084	Country: USA

4. FEI Number: 593602623 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Susan S. Bloodworth
170 Malaga Street, Suite A
St. Augustine, FL 32084

7. Name and Address of New Registered Agent

Name

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

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, 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	MGRM	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	Robert A. McCormack		NAME		
STREET ADDRESS	417 Porpoise Point Drive		STREET ADDRESS		
CITY-ST-ZIP	St. Augustine, FL 32095		CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Richard S. Forte		NAME		
STREET ADDRESS	8A Pleasant Street		STREET ADDRESS	800004191388--2	
CITY-ST-ZIP	South Natick, MA 01760		CITY-ST-ZIP	-05/09/01--01111--001 ****150.00 *****50.00	
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		
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STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (11/00)

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #