2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006807

FILED
01 APR 25 PM 5:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
Cat's Aweigh, LLC

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

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

2. Principal Place of Business
417 Porpoise Point Drive
Suite, Apt. #, etc.

3. Mailing Address
417 Porpoise Point Drive
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: St. Augustine, FL
Zip: 32084 Country: USA

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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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGRM	Robert A. McCormack	417 Porpoise Point Drive	St. Augustine, FL 32095	☐
MGRM	Richard S. Forte	8A Pleasant Street	South Natick, MA 01760	☐
				☐
				☐
				☐
				☐

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
			St. Augustine, FL 32084	☒	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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*****150.00 *****50.00

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