

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90041 034 ****50.00

DOCUMENT # L99000007101

1. Entity Name
REYNOLDS RESOURCES, LLC



Principal Place of Business

**395 COMMERCIAL COURT
SUITE D
VENICE FL 34292**

Mailing Address

**395 COMMERCIAL COURT
SUITE D
VENICE FL 34292**

20019165



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

401 COMMERCIAL COURT

Suite, Apt. #, etc.

SUITE G

City & State

VENICE, FLORIDA

Zip
34292

Country
USA

3. Mailing Address

401 COMMERCIAL COURT

Suite, Apt. #, etc.

SUITE G

City & State

VENICE, FLORIDA

Zip
34292

Country
USA

4. FEI Number **65-0960110**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**REYNOLDS, CORA S
107 GRAND OAK CIRCLE
VENICE FL 34292**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
REYNOLDS, CORA S
395 COMMERCIAL COURT, SUITE D
VENICE FL 34292** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
REYNOLDS, CORA S
401 COMMERCIAL COURT, SUITE G
VENICE, FL 34292** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE

CORA S. REYNOLDS

1/27/03

941-486-0679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)