

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90188 046 ****50.00

DOCUMENT # L99000007231

1. Entity Name
KOALA, L.C.



Principal Place of Business

Mailing Address

3843 W.LAKE HAMILTON DR
WINTER HAVEN FL 33881

P.O. BOX 438
HAINES CITY FL 33844

2. Principal Place of Business

3. Mailing Address

277 Pinewood Drive

277 Pinewood Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tallahassee, FL

City & State
Tallahassee, FL

Zip
32303

Country
USA

Zip
32303

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3624865**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MATHEWS, EDWARD D
3843 W. LAKE HAMILTON DR
WINTER HAVEN FL 33881**

Name **Matt Mathews**

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

City **Tallahassee**

FL

Zip Code
32303

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]

MATT MATHEWS

4/25/03

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MATHEWS, EDWARD D
3843 W.LAKE HAMILTON DR
WINTER HAVEN FL 33881** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~**MGRM
MATHEWS, EDWARD D
3843 W.LAKE HAMILTON DR
WINTER HAVEN FL 33881**~~ ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WALKER, ROBERT C
3843 W.LAKE HAMILTON DR
WINTER HAVEN FL 33881** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Matt Mathews
277 Pinewood Drive
Tallahassee, FL 32303** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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]* **MANAGING MEMBER**

4/25/03 850 681 9303

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

Date

Daytime Phone #

CR2E083 (10/02)