

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L99000007359

1. Entity Name

ENVIRONMENTAL STRATEGIES, LLC

00 MAY -6 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

MELANIE JARRELL- PMB 146
14444 BEACH BLVD., SUITE 18
JACKSONVILLE FL 32250

Mailing Address

MELANIE JARRELL- PMB 146
14444 BEACH BLVD., SUITE 18
JACKSONVILLE FL 32250-2010



2. Principal Place of Business

4258 SEABREEZE DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FL

City & State

4. FEI Number

52-221-6891

☒ Applied For
☐ Not Applicable

Zip

32250

Country

USA

Zip

Country

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

JARRELL, MELANIE A
4258 SEABREEZE DRIVE
JACKSONVILLE FL 32250

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 NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE MGR. ☐ Change ☒ Addition
NAME MELANIE JARRELL
STREET ADDRESS 4258 SEABREEZE DRIVE
CITY- ST- ZIP JACKSONVILLE FL 32250

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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.

SIGNATURE:

Melanie Jarrell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1-17-00

Date

904-821-0945

Daytime Phone #