2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 07, 2000 08:00 AM DOCUMENT # L9900007987 1. Entity Name **Secretary of State** ZIRBES & ASSOCIATES, L.L.C. Principal Place of Business Mailing Address 25216 WATERBRIDGE COURT 25216 WATERBRIDGE COURT LEESBURG LEESBURG FL FL 34748 34748 2. Principal Place of Business 3. Mailing Address P.O. BOX 714 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ОКАНИМРКА FL 59-3605541 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 34762 US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZIRBES JOSEPH 25216 WATERBRIDGE COURT Street Address (P.O. Box Number is Not Acceptable) LEESBURG FL. 34738 US 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. 01/07/2000 SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 9. 10. ADDITIONS/CHANGES TITLE TITLE MGRM Delete ☐ Change X Addition NAME ZIRBES EVELYN MMEMBER STREET ADDRESS STREET ADDRESS 25216 WATERBRIDGE COURT CITY-ST-ZIP CITY-ST-ZIP LEESBURG \mathbf{FL} 34748 Delete TITLE MGRM TITLE ☐ Change X Addition NAME ZIRBES NAME JOSEPH PMEMBER STREET ADDRESS STREET ADDRESS 25216 WATERBRIDGE COURT CITY-ST-ZIP CITY-ST-ZIP LEESBURG 34748 FLTIT! F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALE ☐ 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 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.