

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008135

1. Entity Name

ORANGE PAINKILLERS LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 30 PM 1:29

Principal Place of Business

721 S.E. 17TH STREET, SUITE 200
FORT LAUDERDALE FL 33316

Mailing Address

721 S.E. 17TH STREET, SUITE 200
FORT LAUDERDALE FL 33316-2927

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMOTHE, FERNAND

721 S.E. 17TH STREET, SUITE 200
FORT LAUDERDALE FL 33316

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 MGR BOUCHENOT, GUY
STREET ADDRESS 2, ROUTE D ARGEVILLE 91720 BOIGNEVILLE
CITY-ST-ZIP FRANCE ☐ Delete

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

TITLE NAME MGR GERVEREAU, ROLLAND
STREET ADDRESS 3, ALLEE DE LA TOUR 91760 ITTEVILLE
CITY-ST-ZIP FRANCE ☐ Delete

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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TITLE NAME ☐ Delete
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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] SIGNATURE REQUIRED

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

25/01/2000

Date

Daytime Phone #