

2000 UNIFORM BUSINESS REPORT (UBR)

L99000008622

DOCUMENT #

1. Entity Name

DDADE OF CENTRAL FLORIDA, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 16 PM 4:29

Principal Place of Business

Mailing Address

2793 Kingsmill Ave

Melbourne Florida 32934

2. Principal Place of Business

2793 Kingsmill Ave

Suite, Apt. #, etc.

3. Mailing Address

2793 Kingsmill Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Melbourne Florida

City & State

Melbourne FL

4. FEI Number

59-3614137

Applied For

Not Applicable

Zip

32934

Country

US

Zip

32934

Country

US

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

Charles F. Jones
2793 Kingsmill Ave
Melbourne Florida 32934

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)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

380003300153-5
-06/22/00--01004--002
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	Charles F. Jones MGRM
STREET ADDRESS		STREET ADDRESS	2793 Kingsmill Ave
CITY-ST-ZIP		CITY-ST-ZIP	Melbourne FL 32934
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	Charles F. Jones MGRM
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NAME		NAME	NAM V. Jones MGRM
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CITY-ST-ZIP		CITY-ST-ZIP	Melbourne FL 32934
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NAME		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.

SIGNATURE:

Charles F. Jones Charles F. Jones

4-24-00

321.255-5015

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

Date

Daytime Phone #

CR2E083 (11/99)