

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008968

1. Entity Name
LAT, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL -7 AM 9:25

Principal Place of Business
1635 oakmont lane
Orlando, FL 32804

Mailing Address
1635 Oakmont Lane
Orlando, FL 32804

2. Principal Place of Business
1635 oakmont lane
Suite, Apt. #, etc.

3. Mailing Address
1635 oakmont lane
Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32804

Country
USA

Zip
32804

Country
USA

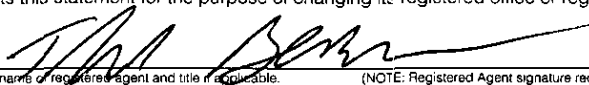
4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
Thad Beshears
1635 oakmont lane
Orlando, FL 32804

7. Name and Address of New Registered Agent
Name: Thad Beshears
Street Address (P.O. Box Number is Not Acceptable)
1635 oakmont lane
City: Orlando, FL Zip Code: 32804

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:  DATE: 6/1/00

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


9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thad Beshears 1635 oakmont lane Orlando, FL 32804	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	800003322508--9 -07/13/00--01010--021 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE: 6/1/00 DAYTIME PHONE #: 407-497-6663

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

CR2E083 (11/99)