

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT #

L99000009008

1. Entity Name

ONEY FOR YOU, L.L.C.

00 APR 14 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

220 W. Tennessee St.

Suite, Apt. #, etc.

3. Mailing Address

2011 Delta Blvd.

Suite, Apt. #, etc.

A

MNM

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-3619522

Applied For

Not Applicable

Zip

32301

Country

U.S.

Zip

32303

Country

U.S.

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Richard Powers
315 South Calhoun St.
suite 308
Tallahassee, FL 32301

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Warren McAlpine
221 Ten Oaks Dr.
Tallahassee, FL 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Warren McAlpine 4/13/00 (850)668-5956

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

Date

Daytime Phone #

CR2E083 (11/99)