

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009279

1. Entity Name

TELL NO MAN, LLC

Principal Place of Business

Mailing Address

~~100 River Oaks Cir~~

2. Principal Place of Business

100 River Oaks Cir

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Sanford, FL

Zip

Country

32771

City & State

Zip

Country

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

4. FEI Number

62-1770869

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Bob Poe

Street Address (P.O. Box Number is Not Acceptable)

100 River Oaks Circle

City

Sanford

FL

Zip Code

32771

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

3/1/00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9.

MANAGING MEMBERS / MEMBERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10.

ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	manager
STREET ADDRESS	V.T. Murray Jr
CITY-ST-ZIP	10812 Sanford Hwy 30750
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	manager
STREET ADDRESS	Bob Poe
CITY-ST-ZIP	100 River Oaks Cir Sanford, FL 32771
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

3/1/00

407 321-7578

CR2E083 (11/99)