

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 23, 2001 08:00 AM****Secretary of State****DOCUMENT # M00000000432**1. Entity Name
POND, ROBINSON & ASSOCIATES, LLCPrincipal Place of Business
14502 NORTH DALE MABRY HIGHWAY, STE. 200
TAMPA FL 33618
Mailing Address
17440 DALLAS PARKWAY, STE. 220
DALLAS TX 752872. Principal Place of Business
Suite, Apt. #, etc.
City & State
3. Mailing Address
Suite, Apt. #, etc.
City & State

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number
75-2760624
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required6. Name and Address of Current Registered Agent
RAYBON MICHAEL
14502 NORTH DALE MABRY HIGHWAY, STE. 200
TAMPA FL 33618
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 MICHAEL RAYBON 01/23/2001
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 State9. MANAGING MEMBERS / MEMBERS
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
10. ADDITIONS / CHANGES
TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP
MGR ROBINSON MARK PRINCIP
17440 DALLAS PARKWAY, STE. 220
DALLAS TX 75287
MGR POND ALAN DPRINCIP
17440 DALLAS PARKWAY, STE. 220
DALLAS TX 75287

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: Alan Pond Mgr 01/23/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)