2001	UNIFORM	A BUSINESS	REPORT	(UBR)
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PERCENT LLC.  FILED  2001 MAY 10 PM 12: 58  DIVLIGION DE CORPORATIONS  TALLAHASSEE, FLORIDA  TALLAHASSEE, FLOR	DOCUMENT # MOOC	00000741			
Principal Place of Business And 19 SOSTON SURE 20 SURE	•			FILED	
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2. PPRODUCT PRODUCT OF THE PRODUCT O	401 S BOSTON	401 S BOSTON		DIVISION OF CORPORATION OF CORPORATI	240
2. Principal Pages of Business  ##AD S. TAMANY TRAIL  Suite, Apr. 4, etc.  Suite, Apr. 5, etc.  Suite, Apr. 4, etc.  Suite, Apr. 5, etc.  Suite, Apr. 5, etc.  Suite, Apr. 5, etc.  Suite, Apr. 6, etc			•	IALLAHASSEE, FLORIC	)Å
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Sound   Soun	Suite, Apt. #, etc.	Suite, Apt. #, etc.	meaner start		S SPACE
6. Name and Address of Current Registered Agent  MERRITT, CAROLANN TATIOS STANAMI TRAIL SARASOTA FL 34231  City  FL Zp Code  8. The above named May submits this staffwart for the purpose of changing its registered agent, or both, in the State of Fordida.  SIGNATURE  TITLE MARK MANAGING MEMBERS/MEMBERS  TITLE MARK MARK MANAGING MEMBERS/MEMBERS  TOT-91-79  TITLE MARK MARK MARK MARK MARK MARK MARK MARK	Sarasota, FT.	City & State Samp	<del></del>		Not Applicable
MERRITT, CAROLANN 7400 S TAMIAMI TRAL SARASOTA FL 34231  City FL Zp Code  8. The above named Mys submits this staff went for the purpose of changing its registered office or registered agent, or both, in the State of Flydica.  SIGNATURE  TILE NOW III FEE IS SECON Make Check Psyable to Department of State  9. CAROLANN MERRITT MUSCO Detel NAME SIRET ADDRESS OTY-51-2P  CITY STATE  Addition  THE NAME SIRET ADDRESS OTY-51-2P  THE NAME SIRET ADDRESS	31/231 Country	39231		5. Certificate of Status Desired	
Sireer Address (P.O. Box Number is Not Acceptable)  Sireer Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named Puly submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  MANAGING MEMBERS (MEMBERS)  INCIT: Insuland Agent apparent and when reliable)  Make Check Payable to Department of State  9. Male CAROLANN MERAIT MUNICO Deals  NINE  SIREE ADDRESS  COT'S-1-2P  TITLE  MOVE  SIREE ADDRESS  S	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Registered	j Agent
The above named (int) submits this staffment for the purpose of changing its registered office or registered agent, or both, in the State of Equida.  SIGNATURE  SIGN	MERRITT: CAROLANN		·	o (P.O. Boy Number is Not Assessable)	
8. The above named althy submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE    Signature   Sign		`.	Street Address	s (F.O. Box Number is Not Acceptable)	
8. The above named only submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.    Signatrum   Signatr	SARASOTA FL 34231				
SIGNATURE    Signature, hybrid or present name of registered agent and the 1 applicable.   POTE Registered Agent algorithm recipited state revisited   Potential agent and the 1 applicable.   POTE Registered Agent algorithm recipited state revisited   Potential agent and the 1 applicable.   Potential agent and the 1 applicable.   Potential agent and the 1 applicable.   Potential agent age			City	F	L Zip Code
Policy   Procedured some of regioned s	8. The above named atity submits this statement	for the purpose of changing its	registered office or regist	tered agent, or both, in the State of Florida.	
######################################	SIGNATURE CALL	lenix			0)
Make Check Psyable to Department of State  9.	Signature, typed or printed name of registered age				
B. MANAGING MEMBERS/MEMBERS  TITLE NAME  CARDLANN MEARIST MUNSON Delate NAME  STREET ADDRESS OTY-51-2P  TITLE NAME STRE					
TITLE NAME NAME NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDR					
STREET ADDRESS OTY-ST-ZIP  TITLE NAME STREET ADDRESS OTY-ST-ZIP  TITLE	9. MANAGING MEN	BERS/MEMBERS		ADDITIONS/CHANGE	
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CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  11. 1 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 affect 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. Tequired by Chapter 608, Florida Statutes.  SIGNATURE:  SIGNATURE:		L.) Delete			C change C Addition
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