

2001 UNIFORM BUSINESS REPORT (UBR)

0015757 AF

DOCUMENT # M00000002044

1. Entity Name
XPO1 LLC

FILED

01 FEB 12 AM 9:06

Principal Place of Business
900 E. INDIANTOWN RD. STE 207
JUPITER FL 33477

Mailing Address
900 E. INDIANTOWN RD. STE 207
JUPITER FL 33477

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
11940 US HWY ONE
Suite, Apt. #, etc.
STE 200
City & State
N. Palm Beach, FL
Zip
33408
Country
Palm Beach

3. Mailing Address
11940 US HWY ONE
Suite, Apt. #, etc.
STE 200
City & State
N. Palm Beach, FL
Zip
33408
Country
Palm Beach

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1038697
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MASON, SUSAN S
900 E. INDIANTOWN RD, STE 207,
JUPITER FL 33477

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
11940 US HWY ONE
STE 200
City N. Palm Beach, FL Zip Code 33408

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 Susan S. Mason 2/8/01
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	<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	MANAGING MEMBER SUSAN S. MASON 11940 US HWY ONE, STE 200 N. Palm Beach, FL 33408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER William S. Mason 11940 US HWY ONE, STE 200 N. Palm Beach, FL 33408 <input type="checkbox"/> Change <input checked="" 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

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*****50.00 *****50.00

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: Susan S. Mason 2/8/01 561-776-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)