

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002169--

1. Entity Name
Poyle Associates, LLC

FILED

01 MAY -4 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
555 South Old Woodward
Suite 22-U
Birmingham, MI 48009

Mailing Address
555 South Old Woodward
Suite 22-U
Birmingham, MI 48009

2. Principal Place of Business
Birmingham, MI 48009

3. Mailing Address
555 South Old Woodward #22-U

Suite, Apt. #, etc.
22-U

Suite, Apt. #, etc.
22-U

City & State
Birmingham, MI 48009

City & State
Birmingham, MI 48009

Zip
48009

Country
Oakland

Zip
48009

Country
Oakland

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3538308

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT Corporation System
c/o CT Corportaion System
1200 South Pine Island Road
Plantation, FL 333324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

000004336730--9
-05/31/01--01089--012
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE	President	<input type="checkbox"/> Delete
NAME	Richard P. Poyle	
STREET ADDRESS	6484 Royal Pointe Drive	
CITY-ST-ZIP	West Bloomfield, MI 48322	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Dianne Kennedy	
STREET ADDRESS	3925 Royal	
CITY-ST-ZIP	Berkley, MI 48072	
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 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	
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: *Dianne Kennedy* Dianne Kennedy

4-30-01 248-433-1466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)