

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90420 035 *****50.00

DOCUMENT # M00000002185

1. Entity Name

ORISTO OF FLORIDA LLC



DO NOT WRITE IN THIS SPACE

24025867

2. Principal Place of Business
123 N COURT STREET

Suite, Apt. #, etc.

3. Mailing Address
P O DRAWER 359

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FAYETTEVILLE WV

City & State
FAYETTEVILLE WV

4. FEI Number
57-1105792

Applied For
Not Applicable

Zip
25840

Country
FAYETTE

Zip
25840

Country
FAYETTE

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

City PLANTATION FL Zip Code 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FAIREY, ROBERT D
2245 TECHNICAL PARKWAY
N CHARLESTON SC 29406

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GRIFFITH, JOHN D
2245 TECHNICAL PARKWAY
N CHARLESTON SC 29406

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WENDELL, CHARLES H
159 AUGUSTA NATIONAL
KIAWAH ISLAND SC 29455

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RICHARDSON JR TERRY E
2245 TECHNICAL PARKWAY
N CHARLESTON SC 29406

TITLE
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

CHARLES H WENDELL

Date

Daytime Phone #

3-12-04 843-991-0396

CR2E083B (12/02)