

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002639

1. Entity Name

BRENDEN FAMILY L.L.C.

Principal Place of Business

2250 McGilchrist St. SE
Salem, OR 97302

Mailing Address

Attn: Dellane Colson
P.O. Box 14111
Salem, OR 97309

FILED

01 APR 20 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

2250 McGilchrist St. SE
Suite, Apt. #, etc.

3. Mailing Address

Attn: Dellane Colson
Suite, Apt. #, etc.
P.O. Box 14111

DO NOT WRITE IN THIS SPACE

City & State

Salem, OR

City & State

Salem, OR

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip 97302

Country USA

Zip 97309

Country USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CT Corporation System
1200 S. Pine Island Rd.
Plantation FL 33324

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

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 Norman L. Brenden ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME Manager Norman L. Brenden ☐ Change ☒ Addition
STREET ADDRESS 2250 mc Gilchrist st. SE
CITY-ST-ZIP Salem, OR 97302

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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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:

Norman L. Brenden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/29/01

Date

503 370 7071
x 7209

Daytime Phone #

CR2E083 (11/00)