LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90226 016 ****50.00

DOCUMENT # M01000000402

1. Entity Name
Inlet Cove Capital, LLC

DO NOT WRITE IN THIS SPACE

942785

2. Principal Place of Business		3. Mailing Address	
3730 Bohicket Road		3730 Bohicket Road	
Suite, Apt. #, etc. Suite #5		Suite, Apt. #, etc. Suite #5	
City & State Johns Island, SC		City & State Johns Island, SC	
Zip 29455	Country USA	Zip 29455	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1116377 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent

Name Lexis Document Services Inc.

Street Address (P.O. Box Number is Not Acceptable) 3953 W.W. Kelley Road

City Tallahassee FL Zip Code 32311

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. DATE

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

9. MANAGING MEMBERS / MANAGERS

TITLE	Manager
NAME	Leonard D. Davenport
STREET ADDRESS	3730 Bohicket Road - Suite #5
CITY-ST-ZIP	Johns Island, SC 29455
TITLE	Manager
NAME	Patrick J. Hurley
STREET ADDRESS	3730 Bohicket Road - Suite #5
CITY-ST-ZIP	Johns Island, SC 29455
TITLE	Manager
NAME	W. Alex Seagle
STREET ADDRESS	3730 Bohicket Road - Suite #5
CITY-ST-ZIP	Johns Island, SC 29455
TITLE	Manager
NAME	Shirley S. Prothro
STREET ADDRESS	3730 Bohicket Road - Suite #5
CITY ST ZIP	Johns Island, SC 29455
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E083B (12/01)

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: Leonard D. Davenport 4-11-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone