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

942785

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

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

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

9. MANAGING MEMBERS / MANAGERS

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