

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90277 001 ***200.00

DOCUMENT # M01000000747

1. Entity Name

DEVLIN HOLDINGS, LLC

Principal Place of Business

1501 S. FLAGLER DR.
 WEST PALM BEACH FL 33401

Mailing Address

1501 S. FLAGLER DR.
 WEST PALM BEACH FL 33401

2. Principal Place of Business

206 W. Washington

3. Mailing Address

P.O. Box 543

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Hayti MO

City & State

Hayti MO

4. FEI Number

01-0585954

APPLIED FOR

Applied For

Not Applicable

Zip

Country

63851 Pemiscot

Zip

Country

63851 Pemiscot

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

COHEN, NORRIS, SCHERER, WEINBERGER & WOLME
 712 U.S. HIGHWAY ONE, STE. 400
 NORTH PALM BEACH FL 33408

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **manager** ☐ Delete
 NAME **ANN D. Green**
 STREET ADDRESS **1501 S. Flagler Dr.**
 CITY-ST-ZIP **W. Palm Beach, FL 33401**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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TITLE ☐ Change ☐ 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: *ANN D. Green* **SIGNATURE REQUIRED** **ANN D. Green**

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

Date

Daytime Phone #

CR2E083 (9/01)