

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 22, 2003 8:00 am
Secretary of State

09-22-2003 90104 021 ****50.00

DOCUMENT # M01000000747

1. Entity Name
DEVLIN HOLDINGS, LLC



Principal Place of Business
**206 W. WASHINGTON
HAYTI MO 63851**

Mailing Address
**PO BOX 543
HAYTI MO 63851**



2. Principal Place of Business
1501 S. FLAGLER DR

3. Mailing Address
P.O. BOX

Suite, Apt. #, etc.
Suite 4-G

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
W. PALM BEACH, FL

City & State
PALM BEACH, FL

4. FEI Number **01-0585954**

Applied For
Not Applicable

Zip
33401

Country
USA

Zip
33480

Country
USA

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

SIGNATURE [Signature] **9/10/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

\$0.00

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME **GREEN, ANN D** ☐ Delete
STREET ADDRESS **1501 S. FLAGLER DR.**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME ☐ Change ☐ Addition
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:

[Signature]

9/10/03

321-301-5200

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

Date

Daytime Phone #

CP/SP/03 (4/03)