

DOCUMENT # MO1600001070

1. Entity Name
THOMASON-STEVENS, L.L.C.

FILED

03 MAY 22 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1950 NORTH PARK PLACE, STE. 300
ATLANTA, GA 30339

1950 NORTH PARK PLACE, STE. 300
ATLANTA, GA 30339

2. Principal Place of Business

PARKWAY

3. Mailing Address

2625 CUMBERLAND PARKWAY

2625 CUMBERLAND PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

305

305

City & State

City & State

ATLANTA GA

ATLANTA GA

Zip

Country

Zip

Country

4. FEI Number

Applied For

58-2589615

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

Allan Farnell, Assistant Vice

President

4/8/03

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 September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EX VP
ROBERT STEVENS
2560 ALMONT WAY
ROSWEEL, GA 30076
MANAGING MEMBER

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
ROBERT THOMASON
474 MANGR OAK LN
CARLETTA, GA
MANAGER

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500009027885
11/15/02--01083--001 **50.00

TITLE
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02/03/03--01088--026 **200.00

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CITY-ST-ZIP
☐ Change ☐ Addition
REINSTATEMENT 02/03
Dec

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: James W. Nelson, Controller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/27/02

Date

770 954 1620

Daytime Phone #

CR2E083 (4/02)

0002626