2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0200000381



FILED Feb 21, 2003 8:00 am Secretary of State

PATTISC	N INVESTMENTS, LLC		S. T. S.			02-21-2003 9	90017 019 ****	50.00
Principal Place of Business 1001 COLLEGE COURT NEW BERN NC 28562		Mailing Address 1001 COLLEGE COURT NEW BERN NC 28562						
2. Principal	Place of Business	3. Mailing Address	<u> </u>	<u> </u>				
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State			☐ CHECK HERE IF MAKING CHANGES			
					4. FEI Number 56-2126336			Applied For
Zip	Country	Zip	Country		5. Certificate o	f Status Desired	\$5.00	Not Applicable Additional
	6. Name and Address of Curre	nt Registered Agent			7 Nome and 4		Fee Req	uired
583	TISON, CHARLES N 6 HONORE AVENUE SOUTH VASOTA FL 34243	L	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)					
OA!	NOOTA TE 34245 ,	· -	Cit	,			-	
	named entity submits this statement ions of registered agent.	for the purpose of changing its		•	d agent, or both,	in the State of Flori	Zip C da. I am familiar wi	ode th, and accept
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if anolicable (NO)	TE: De gietere d. A					
<u> </u>				t signature required w	hen reinstating)		DATE	
		Make Check Payab Du	OW!!! FEE ble to Florida le By May 1,	Department	of State			
9:	MANAGING MEME		10.			ADDITIONS/C	HANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PATTISON, EDITH 1001 COLLEGE COURT NEW BERN NC 28562	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP			<u> </u>	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	RESS			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	ESS			☐ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	Delete	TITLE NAME STREET ADORE . CITY-ST-ZIP_	ESS			· Change	Addition Addition
TITLE NAME STREET ADDRESS STY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SSS			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	tify that the information supplied with	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS			☐ Change	☐ Addition

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

941-360-3407