

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1/1

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

01-14-2003 90035 007 \*\*\*\*50.00

**DOCUMENT # M02000002166**

1. Entity Name

**HINTON MIAMI, LLC**



Principal Place of Business

**3100 MONTICELLO DRIVE  
RALEIGH NC 27612**

Mailing Address

**3100 MONTICELLO DRIVE  
RALEIGH NC 27612**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **30-0092808**

Applied For

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. **Proprietor** SINGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME **Nelson Hinton** ☐ Delete

STREET ADDRESS **3100 Monticello Dr**

CITY-ST-ZIP **Raleigh NC 27612**

TITLE NAME **Margaret Hinton** ☐ Delete

STREET ADDRESS **3100 Monticello Dr**

CITY-ST-ZIP **Raleigh NC 27612**

TITLE NAME **Vice President** ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

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: **Nelson Hinton** REQUIRED

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

Date

Daytime Phone #

**1-7-03 919-783-6936**

CR2E083 (10/02)

*Attachment*

*Nelson and Margaret Hinton*

3100 MONTICELLO DRIVE  
RALEIGH, NORTH CAROLINA 27612

HOME  
(919) 782-1709

FACSIMILE  
(919) 782-8234

OFFICE  
(919) 783-6936

February 13, 2003

Florida Dept. State  
Divisions Corporations  
P.O. Box 6478  
Tallahassee, Fl. 32313

Re: M02000002166 (copy attached)

58009081

Thank you for the return of the business report. I did not sign item 9 since no business is being conducted in Florida. This LLC is for the sole purpose of protecting a North Carolina estate from lawsuits. The LLC is a condimentum in Florida.

My spouse and I have signed item 9. I hope this is sufficient.

Thank you

*Nelson Hinton*

Nelson Hinton