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TSE HOLD	ING COMPANY, LLC	•			26 PM 12: 40
Principal Place	D ROAD	Mailing Address 3037 BRANSFORD ROAD AUGUSTA GA 30909	\ <u>-</u>	مسيدي	TARY OF STATE ASSEE, FLORIDA
AUGUSTA GA 30			:		
2. Principal Pla	ace of Business	3. Mailing Address	7.39	{93(30)()((00)(0 (50)) 01	1911 ABRIT MAINE BANT ABRIN NEWALTION LEGAN FOR LINES
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		M CHECK	HERE IF MAKING CHANGES
City & State	G	City & State		4. FEI Number	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Des	sired S5.00 Additional Fee Required
<i>_3</i> 44 <i>A</i>	6. Name and Address of Curren	t Registered Agent		7. Name and Address of	<u> </u>
_ Name				را با با مداد در این این این این این این این این این این	entre the state of
EVERETT, THEODORE S 1963 HARD LABOR ROAD			Street Ad	dress (P.O. Box Number is Not Acce	eptable)
	LEY FL 32428		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
			City		FL Zip Code
	named entity submits this statement ons of registered agent.	for the purpose of changing its re	egistered office or r	registered agent, or both, in the State	e of Florida. I am familiar with, and accept
SIGNATURE	•	WOTE		and the dubor reinstation	DATE
	Signature, typed or printed name of registered ager	FILE NO	W!!! FEE IS \$5		
		Make Check Payable Due By	to Florida Depa September 24, 2		
9.	MANAGING MEME	BERS/MANAGERS	10.	ADDI	TIONS/CHANGES
TITLE	MGR	☐ Delete	TITLE	MGR	🔀 Change 🔲 Addition
NAME	EVERETT, THEODORE 3037 BRANSFORD ROAD		NAME etheet andress	Everett, Theodore 1963 Hard Labor Rd.	
STREET ADDRESS CITY-ST-ZIP	AUGUSTA GA 30909		CITY-ST-ZIP	Chipley, FC 3242	18
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	EVERETT, JEAN W		NAME		
STREET ADDRESS CITY-ST-ZIP	3037 Bransford Road Augusta ga 30909		STREET ADDRESS CITY-ST-ZIP	,	· ·
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
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NAME		<u> </u>	NAME	****** a*****a z****a y****a ******	Seem could track Seat "out" -und "out"
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NAME C	ESSTATEME		NAME STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	AN ELL STATE	03	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.

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

850638436 Daytime Phone #

☐ Change

☐ Addition