

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90012 037 *****50.00

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DOCUMENT # M02000002599

1. Entity Name

LEXICOM, LLC



Principal Place of Business

**136 MADEIRA
ISLAND MORADA FL 33036**

Mailing Address

**136 MADEIRA
ISLAND MORADA FL 33036**

2. Principal Place of Business

136 Madeira Rd

3. Mailing Address

136 Madeira Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Islamorada, FL

City & State

Islamorada, FL

Zip

33036

Country

US

Zip

33036

Country

US

4. FEI Number

52-209 3783

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**FORD, TERRY
136 MADEIRA
ISLAND MORADA FL 33036**

Name

Terry Ford

Street Address (P.O. Box Number is Not Acceptable)

136 Madeira

City

Islamorada

FL

Zip Code

33036

7. Name and Address of New Registered Agent

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 reinstating)

3/24/03

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete
NAME **FORD, TERRY**
STREET ADDRESS **136 MADEIRA ISLAND**
CITY-ST-ZIP **MORADA FL 33036**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **Ford, Terry**
STREET ADDRESS **136 Madeira Road**
CITY-ST-ZIP **Islamorada, FL 33036**

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
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 REQUIRED

3/24/03

305 517 4089

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

Date

Daytime Phone #

CR2E083 (10/02)