

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90097 034 ****50.00

DOCUMENT # M02000002736

1. Entity Name
ASENTINEL, LLC



Principal Place of Business
**7518 ENTERPRISE AVE., STE. 2
GERMANTOWN TN 38138-3802**

Mailing Address
**7518 ENTERPRISE AVE., STE. 2
GERMANTOWN TN 38138-3802**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3175 Lenox Park Blvd.

3. Mailing Address

3175 Lenox Park Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 415 TN

Ste. 415

City & State

City & State

Memphis TN

Memphis TN

Zip

Country

Zip

Country

38115

USA

38115

USA

4. FEI Number **73-1639774**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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 reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **PERDUE, DAVID**
STREET ADDRESS **7518 ENTERPRISE AVE., STE. 2**
CITY-ST-ZIP **GERMANTOWN TN 38138-3802**

TITLE ☐ Change ☐ Addition
NAME **3175 Lenox Park Blvd Ste. 415**
STREET ADDRESS **Memphis TN 38115**
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **CORNERSTONE HOLDINGS, LLC**
STREET ADDRESS **5100 POPLAR AVE, STE. 2200**
CITY-ST-ZIP **MEMPHIS TN 38137**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

1-15-03 901.752.6211

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

Date

Daytime Phone #

CR2E083 (10/02)