

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2003 8:00 am
Secretary of State

4/2

04-23-2003 90307 028 ****50.00

DOCUMENT # M02000003338

1. Entity Name

ALLEN D. PACKARD, III LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4315 Rum Cay Circle
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.

44003074

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA FL

City & State

4. FEI Number

41-2072178

Applied For

Not Applicable

Zip
34233

Country
USA.

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name ALLEN D. PACKARD III

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

4315 Rum Cay Circle

City SARASOTA

FL

Zip Code 34233

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

4-20-03

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE OWNER
NAME ALLEN D. PACKARD III
STREET ADDRESS 4315 Rum Cay Circle
CITY-ST-ZIP SARASOTA FL 34233

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

4-20-03 941-3023170

Date

Daytime Phone

CR2E083B (12/02)