

2000 UNIFORM BUSINESS REPORT (UBR)

0016657 AF

DOCUMENT # M94000000144

1. Entity Name
TADPOLE HOLDINGS, LLC, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -7 PM 2:05

Principal Place of Business

180 PLEASANT HILL RD.
CONYERSA GA 30012

Mailing Address

180 PLEASANT HILL RD.
CONYERSA GA 30012-1425

2. Principal Place of Business

3006 McCall Place
Suite, Apt. #, etc.

3. Mailing Address

3006 McCall Place
Suite, Apt. #, etc.

City & State
Doraville, Ga.
Zip
30340
Country
DeKalb

City & State
Doraville, Ga.
Zip
30340
Country
DeKalb

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2119307

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

GREGORY, C. NEIL
4001 TAMiami TRAIL NORTH, SUITE 404
NAPLES FL 33940

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

INDOLE HOLDINGS LLC
M94000

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9.

MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINK, GARY A 180 PLEASANT HILL RD. CONYERS GA 30012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 OR MANAGER
GARY A. LINK

2-2-2000 770-457-7170
Date Daytime Phone #

CR2E083 (9/99)