

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90585 018 ****50.00

DOCUMENT # M95000000293

1. Entity Name

3A, L.L.C.

Principal Place of Business

7150 ESTERO BLVD. APT 501
 FT MYERS BEACH FL 33931

Mailing Address

211 S. WALNUT ST.
 MUNCIE IN 47305

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

35-1961190

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLARDT, JOSEPH E JR
 7150 ESTERO BOULEVARD, #501
 FORT MYERS BEACH FL 33931

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.

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
 NAME ALLARDT, JOSEPH E JR
 STREET ADDRESS 211 S. WALNUT ST.
 CITY-ST-ZIP MUNCIE IN 47306

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

TITLE MGRM ☒ Delete
 NAME ALLARDT, JAY
 STREET ADDRESS 211 SOUTH WALNUT STREET
 CITY-ST-ZIP MUNCIE IN 47305

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

TITLE MGRM ☐ Delete
 NAME ALLARDT, BRIAN
 STREET ADDRESS 211 SOUTH WALNUT STREET
 CITY-ST-ZIP MUNCIE IN 47305

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

TITLE MGRM ☐ Delete
 NAME RIGBY, BARRY
 STREET ADDRESS 9020 ROLLING HILLS DRIVE
 CITY-ST-ZIP HOLLAND OH 43528

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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

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

4/29/02

765-188-8493
 EXT

CR2E083 (9/01)