

2nd and  
**FINAL NOTICE:** File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 SEP -4 AM 11: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE**  
\$ 588.75  
Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address  
of Limited Liability Company  
**DOCUMENT # M97000000550**  
**THE ROBERT C. STRICKLAND COMPANY OF FLORIDA, LLC**  
2900 WESTINGHOUSE BLVD., SUITE 100  
CHARLOTTE NC 28273

1a. Principal Place of Business Address

2900 WESTINGHOUSE BLVD., SUI  
CHARLOTTE NC 28273

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

08/27/1997

NC

4. FEI Number

56-2042214  
APPLIED FOR

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

Zip

Country

Zip

Country

Suite, Apt. #, etc.  
70 Box 7184  
Charlotte NC  
28241 Mecklenburg

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

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

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	STRICKLAND, ROBERT C J	2900 WESTINGHOUSE BLVD., S	CHARLOTTE NC
			800002637818--4 -09/11/98--01097--003 ****188.75 ****188.75 dec

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

*Robert C Strickland*

8/31/98 7045881908

SIGNATURE AND TYPE (DO NOT PRINT) NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #



Reliable  
Customer  
Service

# ROBERT C. STRICKLAND COMPANY

TO WHOM IT MAY CONCERN,

THIS IS THE FIRST COPY OF THE ANNUAL REPORT THAT I HAVE RECEIVED. I WOULD LIKE TO REQUEST THAT YOU WAIVE THE \$400 LATE FEE IN LIGHT OF THIS. I REQUEST THAT YOU MAIL FUTURE REPORTS TO OUR PO BOX WHICH IS MORE SECURE AND HANDLED BY THE POST OFFICE IN A MORE EFFICIENT MANNER. OFTEN OUR MAIL AT OUR STREET ADDRESS IS PUT INTO DIFFERENT MAIL BOXES. I HAVE PUT THE PO BOX ADDRESS ON THE REPORT AND THANK YOU FOR HELP IN THIS MATTER.

GEORGENE STRICKLAND  
DOCUMENT #M97000000550

FILED  
98 SEP -4 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA