

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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DOCUMENT # M98000000086

1. Entity Name
CASH COW F1 (TALLAHASSEE), L.L.C.

00 MAY -3 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1020 E. LAFAYETTE STREET, SUITE 106
TALLAHASSEE FL 32301

Mailing Address
1020 E. LAFAYETTE STREET, SUITE 106
TALLAHASSEE FL 32301-4546



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1362 Lake Bradford
Suite, Apt. #, etc.

3. Mailing Address
2011 Delta Blvd
Suite, Apt. #, etc. #A

City & State
Tallahassee, Fla

City & State
Tallahassee, Fla

Zip
32303

Country
U.S.A

Zip
32303

Country
U.S.A

4. FEI Number
59-3487248

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ, SANTOS
2000 OLD FORT DRIVE
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

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

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

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
SWANK, JEFF
7906 MCCLURE
TALLAHASSEE FL 32312

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

5-1-00 (850)942-0006

Date Daytime Phone #

CR2E083 (9/99)