

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -3 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # M98000000088

1. Entity Name

CASH COW F3 (QUINCY), L.L.C.

Principal Place of Business

1020 EAST LAFAYETTE STREET, SUITE 106
TALLAHASSEE FL 32301

Mailing Address

1020 EAST LAFAYETTE STREET, SUITE 106
TALLAHASSEE FL 32301-4546

2. Principal Place of Business

384 Jefferson St
Suite, Apt. #, etc.

3. Mailing Address

2011 Delta Blvd
Suite, Apt. #, etc. #A

City & State

Quincy, Fla

City & State

Tallahassee, Fla

Zip

32351

Country

U.S.A.

Zip

32303

Country

U.S.A.

4. FEI Number

59-3487251

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

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete
NAME SWANK, JEFF
STREET ADDRESS 7906 MCCLURE
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

☐ Change ☐ Addition
000003269500--3
-05/30/00--01005--014
*****50.00 *****50.00
☐ Change ☐ Addition

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

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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 OR MANAGER

Date

Daytime Phone #

5-1-00 (850) 942-0006

0009894 AF

(6/9/99) 3:10 PM C