Applied For

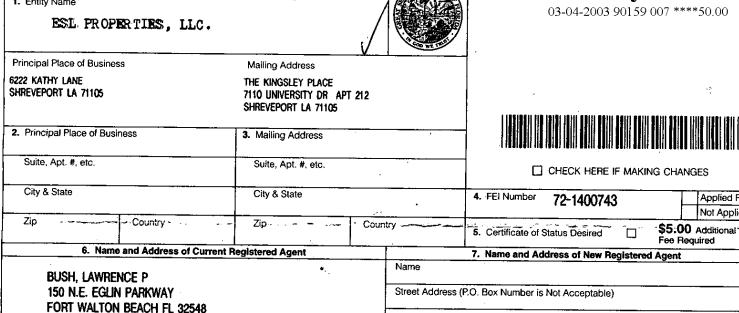
Zip Code

Not Applicable

## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # M9800000329

1. Entity Name



В.	The above named entity submits this statement for the purpose of changing its registered office or registered agent, or the obligations of registred agent.	or both.	in the State of Florida	Lam familiar with	and accen
	the obligations of registered agent.				and dooop

City

SIGNATURE

DATE

**FILED** 

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

Due By May 1, 2003

9.	MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES				
NAME STREET ADDRESS CITY-ST-ZIP	MGRM Delete COLQUITT, ETHEL K 6222 KATHY LANE SHREVEPORT LA 71105	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE C NAME STREET ADDRESS CITY-ST-ZIP	] Change	Addition		

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

MAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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.