

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 23 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *m98 000000763*

1. Entity Name
Mary Starnes' Shop, L.L.C.

Principal Place of Business

Mailing Address

*27 T.ifton Way S.
Ponte Vedra Beach, Fl. 32082* *P.O. Box 772449
Memphis, TN.
38177-2449*

2. Principal Place of Business

3. Mailing Address

*27 T.ifton Way S.
Suite, Apt. #, etc.
Ponte Vedra Beach, Fl.* *P.O. Box 772449
Suite, Apt. #, etc.*

City & State

City & State

Memphis, TN

4. FEI Number

62-174-7227

Applied For

Not Applicable

Zip
32082

Country
USA

Zip
38177-2449

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*Erin McCabe, Registered Agent
27 T.ifton Way S.
Ponte Vedra Beach, Fl. 32082*

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 *Mary Starnes King*
Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-20-00

DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE *MANAGER* ☐ Delete
NAME *MARY STARNES KING MGRM*
STREET ADDRESS *P.O. BOX 772449*
CITY-ST-ZIP *MEMPHIS, TN 38177-2449*

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *Sec. Treasurer* ☒ Change ☐ Addition
NAME *William Starnes King MGRM*
STREET ADDRESS *33 Beal Parkway N.E.*
CITY-ST-ZIP *FT. WALTON BEACH, FL. 32548*
(Address Change)

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Mary Starnes King MGRM* *MARY STARNES KING* *5-20-00* *747-0626*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)