

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90008 044 ****50.00

DOCUMENT # M98000000766

1. Entity Name

FREEDOM LIQUIDATING, LLC

Principal Place of Business

783 S. ORANGE AVE., #200
 SARASOTA FL 34236

Mailing Address

783 S. ORANGE AVE., #200
 SARASOTA FL 34236

2. Principal Place of Business

1226 N. Tamiami Trail

3. Mailing Address

1226 N. Tamiami Trail

Suite, Apt. #, etc.

#100

Suite, Apt. #, etc.

#100

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34236

Country

USA

Zip

34236

Country

USA

4. FEI Number

65-0860014

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORBETT, JAMES P
 783 S. ORANGE AVE., #200
 SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name James P Corbett

Street Address (P.O. Box Number is not acceptable)

1226 N. Tamiami Trail

#100

City

Sarasota

FL

Zip

34236

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

James P. Corbett

1/11/02

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
 NAME ROSKAMP, ROBERT G
 STREET ADDRESS 783 S. ORANGE AVE., #200
 CITY-ST-ZIP SARASOTA FL 34236

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10. ADDITIONS/CHANGES

TITLE MGRM
 NAME Roskamp Robert G
 STREET ADDRESS 1226 N. Tamiami Trail, Suite 100
 CITY-ST-ZIP Sarasota, FL 34236

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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Robert G. Roskamp

Date

1/11/02

Daytime Phone #

941-954-1111

CR2E083 (9/01)