## **2001 UNIFORM BUSINESS REPORT (UBR)**

STAPLE CHECK HERE

Principal Place of Business	DOCUMENT # M9800001264  1. Entity Name					;				
14214 N. U.S. HWY 27 OCALA FL 34482  2. Principal Pace of Business Sullo, Apt. 4, etc.	LETUS STABLE, LLC					FILED				
2. Perceipal Pace of Business   3. Mailing Address   5. Mailing Address   61-1332048   Applied Fox   Not Applicable   Not Applicable   7. Name and Address of Now Registered Agent   7. Name and Addres	Principal Plac	e of Business			01 JUL 17 AH B 4	7				
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite					]	ALLAHASSEE, FLORIDA				
City & State	Principal Place of Business     3. Mailing Address			· · · · · · · · · · · · · · · · · · ·						
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   S. S. O. Additional   Fiber Requisitor   S.	Suite, Apt. #, etc. Suite, Apr		Suite, Apt. #, etc.	, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
S. Country  Country  S. Countr	City & State City		City & State	y & State		tumber 61-1332046		<u> </u>	]	
ROBERTS, MARK   14214 N. US HIGHWAY 27   OCALA FL 34482   City   FL   Zip Code	Zip	Country	Zip	Country	5. Certi	ficate of Status Desired	\$5.00 Add	litional	-	
ROBERTS, MARK 14214 N. US HIGHWAY 27 OCALA FL 34482  8. The above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE    FILE NOW!!! FEE IS \$50.00		6. Name and Address of Current F	Registered Agent	I	7. Name	and Address of New Registered		-		
14214 N. US HIGHWAY 27   City   FL   Zip Code		•		Name		The state of the s				
OCAIA FL 34482   City   FL   Zip Code				Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
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, tryate or printed numer of registered agent and tife if applicable.   INCTE. Registered Agent signature required when rendancy   DATE						<u>:</u>				
Signature			•	City		F	L Zip Cod	e		
Supertive Nyme or printed name of legistered agent and title   Expilicate   Expil	8. The above	named entity submits this statement for	the purpose of changing its	registered office or r	egistered agent,	or both, in the State of Florida.	.,			
FILE NOW!!! FEE IS \$50.00   Make Check Payable to Department of State Due By September 26, 2001   ADDITIONS/CHANGES	SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE	Pagistered Agent signature	a required when reinstati	DATE			ļ	
Make Check Payable to Department of State Due By September 26, 2001		organization, typical or printed marks of registrates again, as			<del></del>	DATE.				
MGR	,		Make Check Pay	able to Departm	ent of State	:				
TITLE	$\langle \cdot \rangle$			September 26, 2	001					
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11. I hereby certify that the information supplied with this filling 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	NAME		□ Delete	NAME			∐ Change	☐ Addition		