200	OHIFONN BUS	INESS REI	PUNI	(OD)	<u>''</u>	1				
DOCUMENT # M9900001317 1. Entity Name							· ·			
ANDERSON NEWS, L.L.C.						FILED				
						ŅAL 10	18 AM	0: ៣៖		
Principal Place of Business Mailing Address										
6016 BROOKVALE LANE 6016 BROOKVALE LANE STE 151 STE 151						SECRETARY OF STATE TALLAHASSEE, FLORIDA				
KNOXVILLE TN 37919 KNOXVILLE TN 37919										
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address			1 33136 11 (3 3 1531 3 1611) 13 1(1 3	iili ar iii ea iil aa i.	i) 		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Stat	е	City & State			4. FEIN	62-174574	3		plied For t Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired See Required					
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
C T CORPORATION SYSTEM										
1200 SOUTH PINE ISLAND ROAD					Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324					City FL Zip Code					
The above named entity submits this statement for the purpose of changing its registered.										
o. The above	Trained entity addition this statement is	or the purpose of changi	ig its registere	omes or	registered agent, t	or bodil, in the brate of th	oraą.			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable	(NOTE: Registerer	Agent signati	re required when reinstation	20)	DATE			
	Gigi action, types or private marie or registered agent	and the mappingade.	(NO)E. Neglatelet	Agent olgitate	and a double with the state of	·····	- DAIL			
			E NOW!!! I k Payable to		50.00 ment of State					
9.	MANAGING MEMB	IEDS (MEMBERS	10.			ADDITIONS	/CHANGES			
TITLE	MGR	Delete	TITLE			ADDITIONS		Change	Addition	
NAME	ANDERSON, CHARLES C		NAME	[600003	5762	246	1	
STREET ADDRESS CITY-ST-ZIP	201 N COURT ST			ET ADDRESS - ST-ZIP		-01/2	6/0101	1042(304	
TITLE	FLORENCE AL 35630	☐ Delete	TITLE			***** *******************************		******	□ Addition	
NAME	MGR ANDERSON, CHARLES C JR	L Delete	NAME					Onlarige	L Addition	
STREET ADDRESS	6016 BROOKVALE LANE STE 15	31		ET ADDRESS					1	
CITY-ST-ZIP	KNOXVILLE TN 37919			-ST-ZIP		<u> </u>				
TITLE NAME	MGR	. Delete	TITLE			/	L	Change	Addition	
STREET ADDRESS	ANDERSON, JOEL R 201 N COURT ST			ET ADDRESS		1/			1	
CITY-ST-ZIP	FLORENCE AL 35630		CITY-	-ST-ZIP		\mathcal{M}				
TITLE	MGR	🔀 Delete	TITLE		✓	1	[Change	☐ Addition	
NAME STREET ADDRESS	SUTHERLAND, FRED 11001 MARKET STREET		NAME STREE	ET ADDRESS		1				
CITY-ST-ZIP	PHILADELPHIA PA 19017-2988		CITY-	·ST-ZIP						
TITLE		☐ Delete	TITLE		MGR	یا درس		Change	Addition	
NAME STREET ADDRESS			NAME	E Et address	James Kx	insnak Imer Stree	t			
CITY ST-ZIP				ST-ZIP	Philadel	Ohia PA	19107			
TITLE!)		☐ Delete	TITLE		MGR		[Change	Addition	
NAME			NAME	·	Frank St	ockaro kvale Lane, s	Ste 151		ĺ	
STREET ADDRESS CITY-ST-ZIP			-	ET ADDRESS -ST-ZiP		., TN 37919	٠. تر (٣٠		ļ	
	Lertify that the information supplied with	this filing does not quali					I further certifi	y that the in	formation	
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 courate 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.										
	NA	n m			N. Messir				ĺ	
SIGNATURE: (865)584-9765 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Description Phone #										
						240	Jaya			