2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9900001673

1. Entity Name 🧸 🦠

REILLY ENTERPRISES OF LOUISIANA, L.L.C.



FILED Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90004 018 ****50.00

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Zip Country Zp Country 5. Certificate of Status Desired 5.5.00 Acceptable) 8. Name and Address of Currient Registered Agent	Suite, Apt.	#, etc.	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES						
S. Name and Address of Currint Registered Agent ROBERTS, DANIEL L 343 SQUTH NAW BLVD PENSACOLA FL 32507 6. The above named ontity submits this statement for the purpose of changing list registered agent, or both, in the State of Florids. Lam familier with, and accept the obligations of registered agent, or both, in the State of Florids. Lam familier with, and accept the obligations of registered agent, or both, in the State of Florids. Lam familier with, and accept the obligations of registered agent, or both, in the State of Florids. Lam familier with, and accept the obligations of registered agent, or both, in the State of Florids. Lam familier with, and accept the obligations of registered agent, or both, in the State of Florids. Lam familier with, and accept the obligations of registered agent, or both, in the State of Florids. Lam familier with, and accept the obligations of registered agent, or both, in the State of Florids. Lam familier with, and accept the obligations of registered agent, or both, in the State of Florids. Lam familier with, and accept the obligations of registered agent, or both, in the State of Florids. Lam familier with, and accept the obligations of registered agent, or both, in the State of Florids. Lam familier with, and accept the obligations of registered agent, or both, in the State of Florids. Lam familier with, and accept the obligations of registered agent, or both, in the State of Florids. Lam familier with, and accept the obligations of registered agent, or both, in the State of Florids. Lam familier with, and accept the obligations of registered agent, or both, in the State of Florids. Lam familier with, and accept the obligations of registered agent, or both, in the State of Florids. Lam familier with, and accept the obligations of registered agent, or both, in the State of Florids. Lam familier with, and accept the obligations of registered agent, or both, in the State of Florids. Lam familier with, and accept the obligations of registered agent, or both, in the State	City & Stat	e .	•	City & State	City & State			4. FEI Nun	nber 72-1	331306	3		
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ROBERTS, DANIEL L 444 SQUITH NAVY BIJVD PENSACOLA FL 32507 City City FL Zip Code City City		6. Name	and Address of Current	Registered Agent		3° 3 mm 144 0		7. Name a	nd Address o	f New Re	gistered	Agent	
SITURE ADDITIONS/CHANGES MANAGENG PENSACOLA FL 32507 STREET ADDRESS ORD-ST-2P PENSACOLA FL 32507 SITURE MAGR REILLY, ANN SITURE ADDRESS	- 505	SERTA DAN				Name						•	
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. I am familiar with, and accept the obligations of registered agent and the registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the registered agent, or both, in the State of Florida agent and the registered agent an	434 SOUTH NAVY BLVD					Street Address (P.O. Box Number is Not Acceptable)							
B. 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. I am familier with, and accept the obligations of registered agent. Signature	PEN	ISACULA FL	. 32307									,	
SIGNATURE Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signa						City					FL	Zip Co	de
No. MANAGING MEMBERS MANAGERS 10. ADDITIONS CHANGES Addition				the purpose of changing its	register	ed office or	registere	ed agent, or b	ooth, in the Sta	te of Flori	ida. I am	familiar with	, and accept
9. MANAGING MEMBERS/MANAGERS 10. ADDIT/ONS/CHANGES TITLE NAME REILLY, KEVIN SR 630 SILVERSHORE DRIVE PENSACOLA FL 32507 TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADR	SIGNATURE .	Signature, typed o	or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	d Agent signatu	re required v	when reinstating)		· · ·	DATE		
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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.

850 456.6132