

2001 UNIFORM BUSINESS REPORT (UBR)

0030692 AB

DOCUMENT # M99000001930

1. Entity Name
DESHAW GROUP, LLC

FILED

01 APR 30 PM 6:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8031 S. DIVISION AVE.
GRAND RAPIDS MI 49548

Mailing Address
8031 S. DIVISION AVE.
GRAND RAPIDS MI 49548



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1961 Pine Ridge Dr #C
Jenison, MI

Suite, Apt. #, etc.

1961 Pine Ridge Dr #C
Jenison, MI

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 38-3497531

Applied For
Not Applicable

Zip 49428

Country USA

Zip 49428

Country USA

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SULLIVAN, MIKE
2210 DESTINY WAY, #2
ODESSA FL 33556

Name

Street Address (P.O. Box Number is Not Acceptable)

11548 Pyramid Dr

City

Odessa

FL

Zip Code

33556

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 Mike Sullivan
Signature, typed or printed name of registered agent and title if applicable.

Mike Sullivan

(NOT: Registered Agent signature required when reinstating)

4/27/01

DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME DESHAW, JERRY
STREET ADDRESS 8031 S. DIVISION AVE.
CITY-ST-ZIP GRAND RAPIDS MI 49548 ☐ Delete

TITLE
NAME 1961 PINE RIDGE DR #C
STREET ADDRESS JENISON, MI 49428 ☒ Change ☐ Addition

TITLE MGR
NAME DESHAW, PATRICK
STREET ADDRESS 295 BLUE ISLE DRIVE
CITY-ST-ZIP HOLLAND MI 49424 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME 800004219258
STREET ADDRESS -05/16/01--01023--003
CITY-ST-ZIP *****55.00 *****55.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Jerry Deshaw

4/29/01

666-662-6400

CR2E083 (11/00)