

2001 UNIFORM BUSINESS REPORT (UBR)

00306982 AB

DOCUMENT # M99000001930

FILED

1. Entity Name
DESHAW GROUP, LLC

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.

Suite, Apt. #, etc.

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**

DO NOT WRITE IN THIS SPACE

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)

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.

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 NAME Delete
**MGR
DESHAW, JERRY
8031 S. DIVISION AVE.
GRAND RAPIDS MI 49548**

TITLE NAME Change Addition
**1961 PINE RIDGE DR #C
JENISON, MI 49428**

TITLE NAME Delete
**MGR
DESHAW, PATRICK
295 BLUE ISLE DRIVE
HOLLAND MI 49424**

TITLE NAME Change Addition
**800004219258
-05/16/01--01023--003
*****55.00 *****55.00**

TITLE NAME Delete

TITLE NAME 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 4/29/01 616-662-6400
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #

CR2E083 (11/00)