2020	UNIFOR	M BUSINESS RE	PORT	(UBR)	
DQCUMENT # A9300000539 1. Entity Name			9		
LACITA OF BREVARD, LTD.				∄'	FILED
Principal Plac	e of Business	Mailing Address			00 MAR - 1 PM 5: 00
100 SECOND AVENUE SOUTH. #904 ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701				204	SECRETARY OF STATE TAEVAHASSEE, FEORIDA
Principal Place of Business 3. Mailing Address			S		
Suite, Apt. #, etc. Suite, Apt. #, etc.			O.		DO NOT WRITE IN THIS SPACE
City & State		City & State	City & State		4. FEI Number 59-3184179 Applied For Not Applicable
Zip Country		y Zip	Coun	try	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			-		-7Name and Address of New Registered Agent
CONTRACT	NTAL DOODEDTY OF	TOMOTO INO		Name	
CONTINENTAL PROPERTY SERVICES, INC. 230 NORTH BEACH STREET, SUITE 301 DAYTONA BEACH FL 32114			<u> </u>	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 chan-	ging its registere	ed office or registe	ered agent, or both, in the State of Florida.
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE					
as Shown on record. 170,000. 50 in FLORIDA to date. 1790, 000. SEE REVERSE SIDE FOR FEE INFORMATION					
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.					
12.	GEN 581075	VERAL PARTNER INFORMATION	13.		3000031515235
DOCUMENT / NAME STREET ADDRESS	POLYEDER, INC. 1025 SOUTH BEAU	CH STREET	STRE	ET ADDRESS	-03/08/0001017002 ****526.25 ****526.25
CITY-ST-ZIP	DAYTONA BEACH		CITY	-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS	WRH PROPERTIES, INC.		STRE	ET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG	FL 33701	CITY	-ST-ZIP	
NAME	_ -			ET ADDRESS.	
STREET ADDRESS CITY-ST-ZIP	•		сту	-ST-ZIP	
DOCUMENT# NAME		- 1	STRE	ET ADDRESS	
CITY-ST-ZIP			СПУ	-ST-ZIP	
DOCUMENT# NAME			STRE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY	- ST - 21P	•
DOCUMENT # NAME			STRE	ET ADDRESS	
STREET ADDRESS City - St - ZIP			СПУ	-ST-ZIP	
14. 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 accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: SIGNA					