

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

0006313

DOCUMENT # L01000000210

1. Entity Name
BANNER SUPPLY COMPANY FORT MYERS, LLC

03-14-2002 90008 045 ****55.00

Principal Place of Business

**2 SOUTH BISCAYNE BLVD.
 SUITE 3400
 MIAMI FL 33131**

Mailing Address

**2 SOUTH BISCAYNE BLVD.
 SUITE 3400
 MIAMI FL 33131**

89043002



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6184 IDEWILD ST
 Suite, Apt. #, etc.

3. Mailing Address

7195 N.W. 30TH ST
 Suite, Apt. #, etc.

City & State

Ft Myers FL

City & State

MIAMI, FL

4. FEI Number

65-1071335

Applied For

Not Applicable

Zip

Country

33912

Zip

Country

33122

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATE SERVICES, INC.
 2 SOUTH BISCAYNE BLVD.
 SUITE 3400
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **ARTHUR LANDERS**

Street Address (P.O. Box Number is Not Acceptable)
7195 N.W. 30TH ST.

City **MIAMI**

FL

Zip Code **33122**

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

(Signature)
 Signature, typed or printed name of registered agent and title if applicable

ARTHUR LANDERS
 (NOTE: Registered Agent signature required when reinstating)

DATE

2/5/02

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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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 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:

(Signature)
SIGNATURE REQUIRED

2/5/02

305-593-2946

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)