2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90087 044 ****50.00

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DOCUMENT # L02000007101

1. Entity Name
PRODUCTS ETC., LLC

Principal Place of Business	Mailing Address
~~12701 COMMONWEALTH DR., #8~~ FORT MYERS FL 33913	12701 COMMONWEALTH DR., #8 FORT MYERS FL 33913

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
12750 Commonwealth Dr	12750 Commonwealth Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Myers, FL	City & State: Fort Myers, FL
Zip: 33913 Country: US	Zip: 33913 Country: US

4. FEI Number: 03-0432985 ☐ Applied For ☐ Not Applicable

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
VON BERG, PETER ~~12701 COMMONWEALTH DR., #8~~ FORT MYERS FL 33913	Name: Von Berg, Peter Street Address (P.O. Box Number is Not Acceptable): 12750 Commonwealth Dr City: Fort Myers **FL** Zip Code: 33913

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.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Von Berg, Peter 12750 Commonwealth Dr Fort Myers, FL 33913 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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 REQUIRED 4/15/03 239-225-3407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #