2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000021600



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Aug 05, 2003 8:00 am
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Secretary of State
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FILED

MARTIN &	ASSOCIATES, LLC	:				08-03-200.	3 90027 02	6 ****30.	.00	
Principal Place of Business 1885 LES CHATEAUX BLVD. NAPLES FL 34109		Mailing Address 1885 LES CHATEAUX BLVD. NAPLES FL 34109								
2. Principal F	Place of Business	3. Mailing Address								
Cuita Ann H all		Code And the sta								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	CHECK HERE IF MAKING CHANGES					
City & State		City & State		1	4. FEI Num	^{ber} 33 - 102	2905	Ar	pplied For ot Applicable	
Zip	Country	Zip	Country			te of Status Desired	· 🗆	\$5.00 Add	ditional	
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current	Registered Agent	<u> </u>	<u> </u>	7. Name a	nd Address of New				
WEBRE, HAROLD J ESQ				Name						
GOO	DLETTE, COLEMAN & JOHNSON		Street	Street Address (P.O. Box Number is Not Acceptable)						
	I TAMIAMI TRAIL NORTH, STE. 30 LES FL 34103	U								
			City				FL	Zip Cod	le	
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	s registered office	or registered	agent, or b	oth, in the State of	Florida. 1 am	amiliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent sign	nature required wh	en reinstating)		DATE			
		FILE N	OW!!! FEE IS	\$50.00						
	•	Make Check Payab			of State		•			
	·		y September 24	1, 2003						
9.	MANAGING MEMBE		10.	<u> </u>		ADDITION	IS/CHANGES		- Audition	
TITLE NAME	MARTIN, LARRY G	☐ Delete	TITLE NAME					☐ Change	Addition	
STREET ADDRESS	2304 DRIFTWOOD PLACE		STREET ADDRESS	3					(
CITY-ST-ZIP	ST. LOUIS MO 63146		CITY-ST-ZIP	<u> </u>	· —					
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CITY-ST-ZIP	NAPLES FL 34109		CITY-ST-ZIP	NAP	LES, F	L 3410	9			
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indicated	certify that the information supplied with	that my signature shall baya	n une exemption Si the came legal of	lateu III Jecill fact as if mad	an institut (d Se under es	ητη, ι τοπαά διάτυτο: th: that I am a man	a. Hurufet Çef	any matthe if	niorijation	

limited liability company of the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MANUFECTURE AND TYPED OF PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE