## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # LO20000 2601 80

1. Entity Name

VILLAGE SQUARE, LLC



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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Suita, Apt. #, etc.  COCODA, FL.  COCODA, FL.  COCODA, FL.  COCODA, FL.  COLITY Supplication  20222								
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Brevard 32922 Brevard 5. Continued court Registered Agent  DO NOT WRITE IN THIS SPACE    Name Markey & Fowler, P.A.						4. FEI Number 11-3657179	<del> </del>	
Name Markey & Fowler, P.A.  Size Address (P.O. Box Number is Not Acceptable)  25 McLeod Street  City Merritt Island  FL 32953  6. The above named entity submits this estatement 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  S	Zip 32922					5. Certificate of Status Desired		
Steel Address (P.C. Box Number is Not Acceptable)  25 McLead Street  City Merritt Island  FL 3/26 Codes  25 McLead Street  City Merritt Island  FL 3/26 Codes  City Merritt Island  FEE IS \$50.00  Make Chock Payable to Florida Department of both, in the State of Florida. I am familiar with, and accept in the Code of Provide is a solicable  Make Chock Payable to Florida Department of State  DUE BY MAY 1  MANAGING MEMBERS /MANAGERS  CITY-51-29  ITILE  MARE  MARE  SIREE ADDRESS  CITY-51-29  ITILE  MARE  SIREE ADDRESS  CITY-51-29  TITLE  MARE  SIREE ADDRESS  CIT						<del></del>	ered Agent	
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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:	10-16-03	321-863-6328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #