

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002079

1. Entity Name

MERRITT ISLAND, LLC

Principal Place of Business

230 PARNELL ST
MERRITT ISLAND FL 32953

Mailing Address

4227 PLEASANT HILL RD.
BUILDING 11, SUITE 300
DULUTH GA 30096

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 27 AM 12:04



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3455 Peachtree Trd

Suite, Apt. #, etc.

BLVD #305-138

City & State

Duluth GA

Zip

30096

Country

USA

3. Mailing Address

3455 Peachtree Trd

Suite, Apt. #, etc.

BLVD #305-138

City & State

Duluth Georgia

Zip

30096

Country

USA

4. FEI Number

6 82-1757856

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

POSNER, MICHAEL
WARD, DAMON, BEVERLY, TITLE & POSNER, P.A.
4420 BEACON CIR., STE. 100
WEST PALM BEACH FL 33407-3281

7. Name and Address of New Registered Agent

Name

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 changing its registered office or registered 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)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

200004617942--8
-10/01/01--01051--002
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME EDWARDS, CHARLES E
STREET ADDRESS 4227 PLEASANT HILL ROAD, BLDG. #11 STE 300
CITY-ST-ZIP DULUTH GA 30096

☐ Delete

TITLE MGR Member
NAME Evelyn Sue Edwards
STREET ADDRESS 3455 Peachtree Trd Blvd
CITY-ST-ZIP #305-138 Duluth GA 30096

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TITLE Asst Mgr
NAME Joaw L. Shepler
STREET ADDRESS 3455 Peachtree Trd Blvd
CITY-ST-ZIP #305-138 Duluth GA 30096

☐ Delete

TITLE
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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE Member
NAME
STREET ADDRESS 3455 Peachtree Trd Blvd #305-138
CITY-ST-ZIP Duluth GA 30096

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 ~~owner~~ 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

9-27-01

770-232-3051

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

Date

Daytime Phone #

STAPLE CHECK HERE

000348

CR2E083 (5/01)