

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

0042687

DOCUMENT # L00000002165

1. Entity Name

DEREDA'S PARK PLACE, L.L.C.

01-16-2002 90257 044 *****50.00

Principal Place of Business

**5155 S.W. HAMMOCK CREEK DR.
 PALM CITY FL 34990**

Mailing Address

**5155 S.W. HAMMOCK CREEK DR.
 PALM CITY FL 34990**

905657



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

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

**ATRIUM REGISTERED AGENTS, INC.
 1500 SAN REMO AVE., STE. 125
 CORAL GABLES FL 33146**

Name

Dereda Thomas

Street Address (P.O. Box Number is Not Acceptable)

5155 SW Hammock Creek Drive

City

Palm City

FL

Zip Code

34990

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 **Dereda Thomas (owner)**

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

Dereda Thomas

(NOTE: Registered Agent signature required when reinstating)

01/08/02

DATE

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 **MGR**
 NAME **THOMAS, DEREDA**
 STREET ADDRESS **5155 S.W. HAMMOCK CREEK DR.**
 CITY-ST-ZIP **PALM CITY FL 34990**

☐ Delete

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

SIGNATURE:

Dereda Thomas

01/08/02

561-287-1114

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

Date

Daytime Phone #

CR2E083 (9/01)