2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State
03-14-2002 90008 045 ****55.00

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DOCUMENT # L01000000210

1. Entity Name
BANNER SUPPLY COMPANY FORT MYERS, LLC

Principal Place of Business	Mailing Address
2 SOUTH BISCAYNE BLVD. SUITE 3400 MIAMI FL 33131	2 SOUTH BISCAYNE BLVD. SUITE 3400 MIAMI FL 33131

B9043002

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6184 Idlewild St Suite, Apt. #, etc.	7195 N.W. 30th ST Suite, Apt. #, etc.
City & State: Ft Myers Fl	City & State: Miami, FL
Zip: 33912 Country:	Zip: 33122 Country:

4. FEI Number 65-1071335 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
2 SOUTH BISCAYNE BLVD.
SUITE 3400
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: ARTHUR LANDERS
Street Address (P.O. Box Number is Not Acceptable): 7195 N.W. 30th ST.
City: MIAMI FL Zip Code: 33122

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 _____ ARTHUR LANDERS 2/5/02
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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: MEMBER NAME: ARTHUR LANDERS STREET ADDRESS: 7195 N.W. 30th ST CITY-ST-ZIP: MIAMI FL 33122	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: MEMBER NAME: JACK LANDERS STREET ADDRESS: 7195 N.W. 30th ST CITY-ST-ZIP: MIAMI, FL 33122	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/01)

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 2/5/02 305-593-2946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #