

4/17

FILED
Jul 04, 2002 8:00 am
Secretary of State

04-17-2002 90027 036 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000020170

1. Entity Name

TREMBLY DEVELOPMENT, L.L.C.

Principal Place of Business

3900 NEW JERUSALEM RD.
VERNON FL 32462

Mailing Address

3900 NEW JERUSALEM RD.
VERNON FL 32462

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

02-0553816

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

GIOIELLO, JOHN L
404 JENKS AVE.
PANAMA CITY FL 32405

7. Name and Address of New Registered Agent

Name

DENNIS TREMBLY

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

3900 NEW JERUSALEM RD

City

VERNON

FL

Zip Code

32462

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 releasing)

7/1/002

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 ☐ DeleteNAME
Dennis Trembly
STREET ADDRESS
3900 New Jerusalem Road
CITY-ST-ZIP
Vernon, FL 32462-2963TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
Barbara Trembly
STREET ADDRESS
3900 New Jerusalem Road
CITY-ST-ZIP
Vernon, FL 32462-2963TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
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CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIP

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

7/14/002

Date

Daytime Phone #

CR2003 (9/01)