

2002 UNIFORM BUSINESS REPORT (UBR)

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

07-16-2002 90369 038 ****50.00

DOCUMENT # L00000015718

1. Entity Name

13856 LILY PAD CIRCLE, L.L.C.

Principal Place of Business

13856 LILY PAD CIRCLE
 FORT MYERS FL 33907

Mailing Address

149 NORCROSS CIRCLE
 TRENTON NJ 08619

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Fr. Myers FL

Suite, Apt. #, etc.

Trenton N.J.

City & State

City & State

Zip
 33907

Country
 USA

Zip
 08619

Country
 USA

4. FEI Number

14-5462866

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

Name

Art Di Paola

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

13856 Lily Pad Cir

Fr. Myers

City

FL

Zip Code

33907

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Art Di Paola

(NOTE: Registered Agent signature required when reinstating)

DATE

7-10-02

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGRM
 DIPAOLO, ART
 149 NORCROSS CIRCLE
 TRENTON NJ 08619 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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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:

Art Di Paola

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

Date

Daytime Phone #

7-10-02 609 203-1270

CR2E083 (4/02)