

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90041 021 ****50.00

DOCUMENT # L99000000961

1. Entity Name
116 ASSOCIATES, L.C.



Principal Place of Business

P.O. BOX 547898
ORLANDO FL 32854

Mailing Address

P.O. BOX 547898
ORLANDO FL 32854

20019179



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3564445**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SPIVEY, GLEN L
1137 EDGEWATER DRIVE
ORLANDO FL 32804

Name

GLEN L. SPIVEY

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

720 W. VASSAR ST.

City

ORLANDO

FL

Zip Code

32804

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 **GLEN L. SPIVEY**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/6/03
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **SPIVEY, GLEN L**
STREET ADDRESS **1137 EDGEWATER DRIVE**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **720 W. VASSAR ST.**
CITY-ST-ZIP **ORLANDO, FL 32804**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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: **GLEN L. SPIVEY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/6/03
Date

407 424767
Daytime Phone #

CR2E083 (10/02)