

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

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90001 029 \*\*\*\*50.00

**DOCUMENT #** L02000032039

**1. Entity Name**

BEARS DEN HUNT CLUB, LLC



**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

2121 Ponce de Leon Blvd.

**3. Mailing Address**

2121 Ponce de Leon Blvd.

Suite, Apt. #, etc.

#900

Suite, Apt. #, etc.

#900

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

DO NOT WRITE IN THIS SPACE

**4. FEI Number**

59-3763861

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00** Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name

Robert L. Trescott

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

Attorney at Law

2121 Ponce de Leon Blvd. #900

City

Coral Gables

FL

Zip Code

33134

**DO NOT WRITE  
IN THIS SPACE**

**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**

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS / MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
Manager  
Robert L. Trescott  
2121 Ponce de Leon Blvd. #900  
Coral Gables, FL 33134

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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CR2E083B (12/02)

**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 SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/21/12 305, 441-3117