

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91811 005 ****50.00

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

J0069196

DOCUMENT # L02000030717					
1. Entity Name 816 SE 6TH, LLC					
Principal Place of Business 4210 DEL PRADO BOULEVARD CAPE CORAL, FL 33904			Mailing Address 4210 DEL PRADO BOULEVARD CAPE CORAL, FL 33904		
2. Principal Place of Business 816 SE 6th Avenue		3. Mailing Address 816 SE 6th Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☒ CHECK HERE IF MAKING CHANGES	
City & State Cape Coral, FL		City & State Cape Coral, FL		4. FEI Number ☒ Applied For (Not Applicable)	
Zip 33903-2073		Country Lee		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WOOD, KENNETH C 3624 DEL PRADO BOULEVARD SOUTH CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent			
		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City			
		FL Zip Code			
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 _____ (NOTE: Registered Agent's signature required when withdrawing) DATE _____					
FILE NOW! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS / MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	10. ADDITIONS / CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Kenneth C. Wood 3624 Del Prado Blvd. Cape Coral, FL 33904		
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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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 606, Florida Statutes.					
SIGNATURE: <u>Kenneth C Wood</u> <u>4/29/03</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					