

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 92174 012 ***150.00

DOCUMENT # L02000010588

1. Entity Name

24K REALTY, L.C.



Principal Place of Business

**3635 BONITA BEACH RD., STE. 4
BONITA SPRINGS FL 34134**

Mailing Address

**3635 BONITA BEACH RD., STE. 4
BONITA SPRINGS FL 34134**

2. Principal Place of Business

15601 Fiddlesticks Blvd

3. Mailing Address

15601 Fiddlesticks Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FT Myers FL

FT Myers FL

4. File Number

01-0698937

Applied For

Not Applicable

33912

FL

33912

FL

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NAPLES-LAWDOCK, INC.
4501 TAMiami TRAIL N., STE. 300
NAPLES FL 34103**

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

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

(NOTE: Registered Agent signature required when reinstating)

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 **MGR** ☐ Delete
NAME **WALTON, SUE H**
STREET ADDRESS **3635 BONITA BEACH RD., STE. 4**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Change ☒ Addition
NAME **WALTON, Douglas L**
STREET ADDRESS **15601 Fiddlesticks Blvd**
CITY-ST-ZIP **FT MYERS FL 33912**

TITLE **MGR** ☐ Change ☐ Addition
NAME **WALTON, SUE H**
STREET ADDRESS **15601 Fiddlesticks Blvd**
CITY-ST-ZIP **FT MYERS FL 33912**

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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 SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)

0039462