2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

G83367 **DOCUMENT#**

1. Entity Name

LAKE LIMO, INC.



FILED Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90013 030 ***158.75

21 SOUTHRIDES IND DR TAVARES FL 32788 22. Principal Place of Business Suits, Act #, etc. Suits April #, etc. Suits April #, etc. Country Suits April #, etc. Country Suits April #, etc.								
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City & State City & State Country Country Country S. Certificate of Status Desired S. 75 Additional Fee Required S. Name and Address of Current Registered Agent Name	Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
S. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Name Name Name Street Address (P.C. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code Name Na	City & State		City & State			4. FEI Number 59-2356453	Not .	Applicable
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80 N PALM AVE HONEY IN THE HILLS FL 34737 City FL Zip Code City		6. Name and Address of Curren	it negistered Agent		Name			1
B. 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 above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept 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 purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of registered agent accepts the purpose of registered agent accepts the purpose of registered agent			Street Address		(P.O. Box Number is Not Acceptable)			
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 and this disperiable. SIGNATURE Systam, typed or general name of registered agent and this disperiable. (NOTE Megistered Agent syndame required when windating) DAYE								1
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS