2001	UNIFORM	BUSINESS	REPORT	(UBR)
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DOCUMENT # L0000000022 1. Entity Name									
BRENDA DEARMOND REALTY, L.L.C.					FILED				
				•		. 01 JAN	17 PN 2: 17		
Principal Place of Business Mailing Address 6209 WESTGATE DRIVE #1111 P.O. BOX 617676			•	SECRETARY OF STATE					
ORLANDO FL 32835 ORLANDO FL 32861					TALLAHAS	TALLAHASSEE, FLORIDA			
	: 5				·				
Principal Place of Business 3. Mailing Address C. 1.7.6.7.			7.6	· ·	- 			/# U U U U 	
Suite, Apt. #, etc. P O Box 61 Suite, Apt. #, etc.) / 6		DO NOT WRITE IN THIS SPACE				
City & State City & State Winter Garden, FL Orlando,					4. FEI Nu			Applied For	
Zip	Country	Orlando, FL	Country	5 Cartificate of Status Desired 1 9999 Additional			Additional		
34787	Orange 6. Name and Address of Current		Orange			and Address of New R	XX Fee Requ	ired	
DEARMOL	ND, BRENDA C	•	Name Bre		De/	Armond			
	STGATE DRIVE #1111	•	Stree	Street Address (P.O. Box Number is Not Acceptable) 1214 Castleport Rd.					
ORLANDO) FL 32835								
			City	Winte	er Gar	den	FL Zip Co	ode 87	
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office	or register	ed agent, or	both, in the State of Flo	rida.		
SIGNATURE :	Signature, typed or printed name of registered agent a	drnund nd title if applicable. (NOTE: F	legistered Agent sig	nature required	when reinstating	a)	-//-0/ DATE		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State									
9.	MANAGING MEMBE	RS/MEMBERS	10.			ADDITIONS/	CHANGES		
TITLE .	MGRM DEARMOND, BRENDA C	☐ Delete	TITLE	MGI	RM		XX Change	Addition	
STREET ADDRESS CITY-ST-ZIP	6209 WESTGATE DRIVE #1111 ORLANDO FL 32835		NAME STREET ADDRES CITY-ST-ZIP	s 121	l4 Cas	C. DeArmond stleport Rd Sarden, FL			
TITLE NAME	MGRM PARKER, ROGER K	☐ Delete	TITLE NAME	MGE	RM		X X X Change	Addition	
STREET ADDRESS CITY-ST-ZIP	6209 WESTGATE DRIVE #1111 ORLANDO FL 32835		STREET ADDRES	s 12]	14 Cas	. Parker stleport Rd Sarden, FL	34787		
-TITLE NAME		Delete	TITLE NAME	-	~~ · ·	المراجع المستحد		Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRES	S		300003 -01/26 *****	70101006- 55.00 ****	-014 *55.00	
TITLE NAME		Delete	TITLE NAME			W	Change	Addition	
STREET ADDRESS CITY-ST-ZIP	r.		STREET ADDRESS	S	_	1			
TITLE		☐ Delete	TITLE		"		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		•	NAME STREET ADDRESS CITY-ST-ZIP	5					
TITLE .		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADORESS		,	NAME STREET ADDRESS	;					
CITY-ST-7IP	ertify that the information supplied with t	his filing does not qualify for th	CITY-ST-ZIP	tated in Sc	otion 110 07	(3)(i) Florido Chabras 1	further portification at	information	
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. **Branklax** C. De armino.** **Branklax** C. De ar									
SIGNATURE: BRENDA CONTROL 1-11-0 401-654-7919 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Destrict Phone #									